



Quarterly Progress Report January 1 - March 31, 2011

**Task Order No.: GHS-I-01-07-00043-00
Under AIDSTAR Sector I IQC No.: GHH-I-00-07-00043-00**

April 30, 2011

Prepared for
USAID/Zambia
United States Agency for International Development
ATTN: Ms. Joy Manengu, COTR
Ibex Hill, Lusaka
Zambia

Prepared by
FHI/Zambia
2055 Nasser Road, Lusaka
P.O. Box 320303
Woodlands
Lusaka, Zambia

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	iv
ANNEX A: ZPCT II Project Achievements August 1, 2009 to March 31, 2011	v
I. PROGRAM OVERVIEW	1
II. PROGRAM AND FINANCIAL MANAGEMENT	2
III. TECHNICAL ACTIVITIES.....	6
IV. STRATEGIC INFORMATION (M&E and QA/QI).....	23
V. ANTICIPATED ACTIVITIES FOR NEXT QUARTER (April – June 2011).....	29
VI. TRAVEL /TDY for this quarter (Jan.–Mar., 2011) and next quarter (Apr.–Jun., 2011).....	29
ANNEXES.....	30
ANNEX A: ZPCT II Project Achievements August 1, 2009 to March 31, 2011	31
ANNEX B: ZPCT II Supported Facilities and Services	34
ANNEX C: ZPCT II Private Sector Facilities and Services	48
ANNEX D: ZPCT II ART Sites (As of March 31, 2011)	49
ANNEX E: ZPCT II Graduated Districts (As of March 31, 2011).....	52
ANNEX F: ZPCT II Signed Recipient Agreements/Subcontracts/MOUs.....	54
ANNEX F: ZPCT II Training Courses and Numbers Trained (Jan. – Mar. 2011).....	56
ANNEX H: Meetings and Workshops this Quarter (Jan. – Mar., 2011).....	57
ANNEX I: Mobile CT Data January – March 2011	61
ANNEX J: Status of Laboratory Equipment (January – March 2011).....	62
ANNEX K: Activities Planned for the Next Quarter (January – March, 2011)	64

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

LIST OF ACRONYMS

ADCH	-Arthur Davison Children's Hospital
ANC	- Antenatal Care
ART	- Antiretroviral Therapy
ARTIS	- Antiretroviral Therapy (ART) Information System
ARV	- Antiretroviral 3
ASWs	- Adherence Support Workers
AZT	- Zidovudine
BD	- Beckton-Dickinson
CD4	- Cluster of Differentiation (type 4)
CHAZ	- Churches Health Association of Zambia
CT	- Counseling and Testing
DBS	- Dried Blood Spot
DECs	- Data Entry Clerks
DMOs	- District Medical Offices
DNA PCR	- Deoxyribonucleic Acid Polymerase Chain Reaction
EID	- Early Infant Diagnosis
EMS	- Express Mail Delivery
ESA	- Environmental Site Assessment
FHI	- Family Health International
GIS	- Geographical Information System
GNC	- General Nursing Council
GRZ	- Government of the Republic of Zambia
HAART	- Highly Active Antiretroviral Therapy
HCWs	- Health Care Workers
IT	- Information Technology
KCTT	- Kara Counseling and Training Trust
LMIS	- Laboratory Management Information Systems
MCH	- Maternal and Child Health
MIS	- Management Information System
MoH	- Ministry of Health
MSH	- Management Sciences for Health
MSL	- Medical Stores Limited
NAC	- National AIDS Council
OIs	- Opportunistic Infections
PCR	- Polymerase Chain Reaction
PEPFAR	- U.S. President's Emergency Plan for AIDS Relief
PMOs	- Provincial Medical Offices
PITC	- Provider Initiated Testing and Counseling
PLHA	- People Living with HIV and AIDS
PMTCT	- Prevention of Mother to Child Transmission
PwP	- Prevention with Positives
QA	- Quality Assurance
QC	- Quality Control
QI	- Quality Improvement
RA	- Recipient Agreement
RHC	- Rural Health Centre
SOP	- Standard Operating Procedures
TA	- Technical Assistance
TB	- Tuberculosis
TOT	- Training of Trainers
TWG	- Technical Working Group
USAID	- United States Agency for International Development
UTH	- University Teaching Hospital
ZPCT II	- Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER:

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five year (June 01, 2009 to May 31, 2014) US\$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MoH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART and male circumcision (MC).

A total of 341 public and nine private health facilities across 41 districts in the five provinces were supported by ZPCT II in the implementation of HIV/AIDS services. Key activities and achievements for this reporting quarter include:

- 341 public and nine private health facilities provided CT services. 130,768 individuals received CT services exclusive of those reached through PMTCT. The COP target includes those reached through PMTCT as well and the total is 184,679;
- 332 public and eight private facilities provided PMTCT services. 53,911 women received PMTCT services, out of which 4,611 tested HIV positive. The total number of HIV positive pregnant women who received ARVs to reduce the risk of MTCT during this period was 5,633;
- Technical assistance was provided in all technical areas with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in all 341 public and in the nine private health facilities. A cumulative number of 181,968 individuals received palliative care from these facilities;
- 130 public and nine private health facilities provided ART services during this quarter (68 are static and 71 are outreach sites). Of the total 139 ART sites, 137 ART sites report independently while two report through bigger facilities. A total of 8,267 new clients (including 627 children) were initiated on antiretroviral therapy. Cumulatively, 129,225 individuals are currently on antiretroviral therapy and of these 8,839 are children;
- 494 health care workers were trained in one of the following - basic CT, PMTCT, ART/OI management, ART commodity management for laboratory and pharmacy, male circumcision, and equipment use and maintenance. However, these 17 are not reportable as only laboratory staff trained are the ones that we report on as shown in the table below . ;
- 102 community volunteers were trained in one of the following - basic CT, counseling supervision, PMTCT, and adherence counseling;
- Private sector assessments were conducted this quarter in all the five provinces to identify new facilities for the ZPCT II year three expansion plan;
- Of the 43 year two refurbishments, 20 were completed during this quarter. The remaining 23 are expected to be completed next quarter. Preparation of the environmental site assessments and tender documents for 84 refurbishments initially planned for year three have also been completed and advertised this quarter. However, in order to avoid overrunning the obligated recipient agreement (RA) budget 15 refurbishments have been postponed leaving a total of 69 refurbishments for year three.
- Starting from January 2011 one of the sites (Kavu) previously supported under the Ndola DMO in Ndola was transitioned to CHAZ support under the Global Fund program. Data was collected from Kavu through December 2010 and has been reported under this semi-annual reporting period but no data has been collected since January 2011. This means the total number of facilities supported is less by one

ANNEX A: ZPCT II Project Achievements August 1, 2009 to March 31, 2011

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–Mar11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Mar 11)	Targets (Jan –Dec 2011)	Achievements (Jan – Mar 2011)	Male	Female	Total
1.1 Counseling and Testing (Projections from ZPCT service statistics)								
	Service outlets providing CT according to national or international standards	370	341 (+ 9 private sites)	349	341 (+ 9 private sites)			341 (+ 9 private sites)
	Individuals who received HIV/AIDS CT and received their test results	728,000	649,107	275,000	130,768	59,333	71,435	130,768
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ¹	1,300,000	942,192	415,000	184,679	59,333	125,346	184,679
	Individuals trained in CT according to national or international standards	2,316	866	438	40	23	17	40
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	332 (+ 8 private sites)	318	332 (+ 8 private sites)			332 (+ 8 private sites))
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	293,085	140,000	53,911		53,911	53,911
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	35,971	15,000	5,633		5,633	5,633
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	2,190	968	219	42	177	219
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	341 (+ 9 private sites)	349	341 (9 PPP sites)			341 (+ 9 PPP sites)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ²	560,000	190,296	170,000	181,968	71,256	110,712	181,968
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	14,385	13,617	13,378	6,929	6,860	13,378
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	1,123	505	152	74	78	152

¹ Next Generation COP indicator includes PMTCT

² **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–Mar11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Mar 11)	Targets (Jan –Dec 2011)	Achievements (Jan – Mar 2011)	Male	Female	Total
	Service outlets providing ART	130	130 (+ 9 private sites)	132	130 (+ 9 private sites)			130 (+ 9 private sites)
	Individuals newly initiating on ART during the reporting period	115,250	50,767	24,000	8,267	3,414	4,853	8,267
	Pediatrics newly initiating on ART during the reporting period	11,250	3,989	1,922	627	308	319	627
	Individuals receiving ART at the end of the period	146,000	129,225	104,200	129,225	51,413	77,812	129,225
	Pediatrics receiving ART at the end of the period	11,700	8,839	7,502	8,839	4,454	4,385	8,839
	Health workers trained to deliver ART services according to national or international standards	3,120	1,123	505	152	74	78	152
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	341 (+ 9 private sites)	349	341 (+ 9 private sites)			341(+ 9 private sites)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	9,176	4,200	1,123	676	447	1,123
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1,123	505	152	74	78	152
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	8,493	6,146	979	592	387	979
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	50	27	37	27			27
	Individuals trained to provide MC services	260	162	85	26	21	5	26
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	2,924	1,000	660	660		660
2.1 Laboratory Support (Projections from ZPCT service statistics)								
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	91 (+ 3 private sites)	111	91 (+ 3 private sites)			91 (+ 3 private sites)
	Laboratories with capacity to perform clinical laboratory tests	N/A	122 (+ 9 private sites)	117	122 (+ 9 private sites)			122 (+ 9 private sites)
	Individuals trained in the provision of laboratory-related activities	375	462	200	40	23	17	40
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	1,984,951	762,600	370,982			370,982
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)								
	Community/lay persons trained in counseling and testing	2,506	872	440	52	26	26	52

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–Mar11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Mar 11)	Targets (Jan –Dec 2011)	Achievements (Jan – Mar 2011)	Male	Female	Total
	according to national or international standards (excluding TB)							
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	522	250	25	12	13	25
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	455	110	25	10	15	25
3 Capacity Building for PHOs and DHOs (ZPCT II projections)								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	10	20	7			XX
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	9	18	9			9
Gender								
	Number of pregnant women receiving PMTCT services with partner	N/A	75,368	TBD	15,630		15,630	15,630
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	149,028	TBD	34,174	20,530	13,644	34,174

PROGRAM AND FINANCIAL MANAGEMENT

Partner Collaboration:

ZPCT II collaborated with its sub partners through activities at national, district, community and health facility levels as follows:

- Management Sciences for Health (MSH): MSH provided support towards strengthening the MoH health system focusing on laboratory and pharmaceutical systems at national, district and the health facility levels through training and technical support.
- CARE International: CARE Zambia provided support to the comprehensive HIV/AIDS services including prevention, care and treatment, through training and supporting community volunteers, and strengthening the continuum of care through referral networks.
- Social Impact: (SI): SI contributed towards integrating gender in health facility service delivery and community prevention, care and treatment activities.
- Cardno Emerging Markets: Cardno provided support to MoH in the process to build the capacity of PMOs and DMOs to provide technical and program management oversight including enhanced problem solving, mentoring, supervision, and monitoring of HIV/AIDS programs.
- Churches Health Association of Zambia (CHAZ): CHAZ provided support towards the expansion, and scaling up and integration of prevention, care and treatment services through nine mission health facilities in two provinces supported by the ZPCT II program.
- KARA Counseling and Training Trust (KCTT): KCTT enhanced the capacity of facility based health workers through certification in supervision counseling.
- University Teaching Hospital Male Circumcision Unit (UTH MC): UTH MC unit contributed towards implementation of male circumcision services in ZPCT II supported health facilities through training of health workers and technical support through follow up and mentoring.

Health Facility Support

Recipient agreements (RAs): Amendments of 11 hospital recipient agreements started this quarter and will be completed in the next quarter. ZPCT II provided programmatic, financial and technical support to 349 facilities across 41 districts of the five provinces through the recipient agreement mechanism. This quarter, ZPCT II reviewed the current recipient agreements with the view to reducing the scope of work. This exercise will be completed in the next quarter.

ZPCT II collected data from Kavu up to December 2010 and hence the site will still be counted in the total number of sites supported in the semi-annual report for September 2010 to March 2011.

This quarter, the amendment to the UTH recipient agreement and the CHAZ subcontract started for inclusion of additional activities. These will be completed and signed next quarter.

Of the 43 year two refurbishments, 20 were completed during this quarter. The remaining 23 are expected to be completed next quarter. Preparation of the environmental site assessments and tender documents for the 84 refurbishments planned for year three have also been completed and advertised this quarter. However, in order to avoid overrunning the obligated RA budget 15 refurbishments have been postponed, leaving a total of 69 refurbishments for year three.

Environmental Impact Mitigation

ZPCT II, through technical support visits by the Lusaka Infrastructure Support Officers, monitored the management of medical waste and ensured environmental compliance of the supported renovations in all five provinces. Using the ZPCT II guidelines developed for the field offices to formalize and strengthen

implementation and monitoring of medical waste management and disposal, ZPCT II provincial staff monitored and documented health facility practices and adherence to the Environmental Protection and Pollution Control Act, as an ongoing activity.

Facility Graduation and Sustainability Plan

This quarter, there were no districts graduated. However, preparations have continued to prepare an additional five districts to be graduated next quarter. The total number of graduated districts is 15. Limited technical and financial assistance is still being provided by ZPCT in all the graduated districts.

Procurement

Procurement for year two was completed and orders were issued to vendors. Some equipment has been delivered and distributed to the provincial offices.. Documentation for the remaining year three procurement has been completed and the process of issuing orders started this quarter.

Prevention

The following prevention activities and services were supported through the ZPCT II supported community and health facility technical interventions namely: retesting negatives, scaling up male circumcision services (including integration with counseling and testing), Prevention with Positives (PwP), general counseling and testing, prevention of mother to child transmission, youth and mobile CT. Seven mobile CT sessions were conducted across the five provinces. Referrals for CT, PMTCT and MC were conducted this quarter (see numbers below).

Gender

USAID approved the ZPCT II gender strategy this quarter. Following the approval of the gender strategy, an implementation plan was developed to guide the implementation of activities. Gender activities which include promoting male involvement in PMTCT, couple counseling and to a lesser extent screening for gender violence are ongoing at the service delivery points in ZPCT II supported facilities. Review of the ASW training manual for inclusion of the gender module is ongoing and will be completed next quarter. Review of MoH supervisory tools to include gender sensitive indicators, is also ongoing and will be completed next quarter. During the next quarter, ZPCT II will start discussions with MoH on incorporating gender component in the other HCW training packages. ZPCT II is awaiting confirmation from the MoH on the date for the launch of the strategy.

Human Resources (HR)

This quarter, ZPCT II filled ten positions from the 27 vacancies. Recruitment efforts are on-going for the remaining 17 vacancies resulting from resignations experienced. A number of staff development and training activities have been planned for next quarter that includes the Total Quality Management Training which will be conducted in the next quarter. This is aimed at enhancing the appreciation of roles, responsibilities and performance across the organization.

Information Technology (IT)

IT submitted a report by Hyfotec Engineering this quarter which highlighted some deficiencies in the electrical systems based on the surveys conducted in the ZPCT II field offices. The survey reviewed the impact of electrical setups on the IT systems. Quotations have been requested from vendors to implement the recommendations from the report. IT team completed rollout of the new Microsoft Office 2010 software across ZPCT II office and also commenced the procurement of new computer equipment to replace the obsolete computer equipment in ZPCT II supported health facilities. A vendor was identified to work on transferring existing MS Excel spreadsheet based asset registers into the new computerized asset inventory system.

Finance

- Financial review by USAID: A team of financial analysts from USAID conducted a financial review for in the Lusaka, Kabwe and Ndola offices;
- A review of the ZPCT II procurement system was conducted by Bob Mohar, Director of Procurement and Facilities from FHI HQ and recommendations were made to improve the procurement system;
- A review of the CARE sub-granting processes was done by Kellock Hazemba, the Regional Finance & Administration Advisor;
- Orientations were conducted for the newly appointed C&G Manager, Senior Provincial Finance and Administration officer for Kabwe and Solwezi offices;

- Financial review of Northern and Luapula provincial offices was conducted by Godfrey Lungu, the Director of Finance and Administration and Stanford Lukonga, Senior Financial Analyst. Another financial review of Copperbelt, North Western and Central province offices was conducted by Evans Mainza, Senior Financial Officer (Lusaka);
- The Lusaka office responded to the last internal audit by FHI HQ;
- The ZPCT II Front Office/Receptionist underwent training in front office/reception management

KEY ISSUES AND CHALLENGES

National level issues

- **Critical shortage of staff in health facilities**

Staff shortage at the facility level is an ongoing issue across all five provinces. To assist the MoH address this challenge, ZPCT II continues to support task shifting initiatives such as training and placing community volunteers in all the facilities it supports; collaboration with MoH and General Nursing Council (GNC) in a pilot of training of HIV nurse prescribers as well as supporting transport reimbursements for health care workers who work extra shifts when off-duty. Other measures include lobbying the PMOs and DMOs to ensure staff are made available as a pre-condition for ZPCT II purchasing expensive laboratory equipment.

- **Supply chain issues**

It was noted that there were times that insufficient quantities of reagents and commodities were being delivered by Medical Stores Ltd (MSL) as well as delays in delivery by MSL continued to affect availability of DBS kits needed for early infant diagnosis. ZPCT II is doing the following to address this issue.

Collaboration with SCMS (JSI) provincial logistics advisors and MoH provincial commodity planners at district level in identifying gaps in the logistics system, providing onsite hands on training on the use of DBS order forms in affected facilities and in some cases ZPCT II pharm/lab unit assisted affected facilities to send DBS orders to MSL.

Further, ZPCT II works closely with MSL to provide updates and follow up on non-delivered, late delivery and stock out status of DBS commodities in affected facilities. ZPCT II also facilitates inter facility exchange of DBS commodities from facilities that may have an over stock of DBS kits to those that may have stock out.

ZPCT II has been working closely with SCMS and MoH in identifying gaps with the current DBS ordering system. MoH/SCMS are currently in the process of integrating DBS commodities in to the national logistics system for the 185 essential laboratory commodities. This will allow facilities to be able to order DBS commodities directly from MSL without going through MoH approval process as is the current practice.

During the quarter, a nationwide shortage of EDTA containers was experienced, and this negatively impacted on the numbers of CD4 tests conducted. However, stock was received toward the end of the quarter and the situation should normalize next quarter.

- **Renovations**

Demand for HIV /AIDS services is out stripping available space in existing health infrastructure which has not and will not likely expand in the short-to-medium term. The government of Zambia is not financially supporting expansion of existing infrastructure. ZPCT II support is limited to minor renovations since PEPFAR funding does not allow construction. However, the ZPCT II will continue to support limited renovations.

- **Stock outs of NVP suspension**

Following the distribution of the new PMTCT guidelines and orientation of the facility staff during this quarter, several of the supported facilities reported experiencing stock outs of NVP suspension for the HIV exposed infants after starting to implement the new guidelines. The demand for NVP suspension

increased compared to what was initially quantified for at the national level. The stock levels of NVP suspension in the facilities during the quarter were based on ARVs quantifications that did not take into consideration the changes in the new guidelines. Revisions of the ARVs quantifications were done at national level during the quarter and it is hoped that the situation will improve in the coming quarters. ZPCT II participated in the quantification meetings.

- **Accreditation of ART sites**

Accreditation of ART sites has been temporarily halted by the Medical Professions Council of Zambia until after they have conducted a re-orientation of the assessors on the accreditation guidelines. This is being planned for next quarter.

- **Revision of clinical care/ART QA/QI tool**

The ART QA/QI tools were successfully revised in line with the new guidelines. The newly revised ART QA/QI tool places stronger emphasis on patient case file reviews and review of SmartCare records.

- **Revision of clinical care/ART job aids**

Most ART sites have outdated CC/ART job aids. ZPCT II has developed revised job aids which are due for adoption at the ART technical Working Group (TWG) next quarter together with other job aids from collaborating partners.

ZPCT II programmatic challenges

Disposal of medical waste, including incineration of sharps, laboratory and other waste is a challenge in some facilities because of the lack of running water, incinerators, and septic tanks/soak ways. Use of pits is not ideal as they are too shallow and poorly located. Facility staff are encouraged to adhere to appropriate disposal of medical waste, including advice on appropriate depth, location of pits and lining of pits with impervious polythene sheeting. All of the trip reports include a section on waste management and environmental issues which is addressed where noted at each facility. During ZPCT II facility visits the environmental issues are revised with the facility staff to ensure MOH protocols are followed.

- **CD4 sample referral and laboratory maintenance**

A number of issues continue to pose logistical challenges in the sample referral system and laboratory equipment maintenance and repair. This includes shortage of motorbike riders, laboratory equipment breakdown, including frequent motorbike breakdown. However, repair of equipment remains a challenge because there are few experts in Zambia that can repair these machines. ZPCT II continues to lobby with the MOH and the vendors to increase the number of technicians to maintain and repair laboratory machines.

- **Reagent stock outs**

There were intermittent stock outs of CD4 reagents but, an improvement was also noted compared to the previous quarter. Reasons for the stock outs included incorrect compilation (in some facilities, staff were including expired stocks in the stock on hand calculation which in turn is misrepresentative of the actual usable stock-on hand, thus affecting resupply) and late submission of usage reports by health facilities, staff shortages to complete monthly usage reports, and poor knowledge of the ordering system with new staff. ZPCT II is working with the health facility staff in addressing this issue through on site orientation and training.

- **Early infant diagnosis (EID)**

Gaps in the ordering system at facility level affected availability of DBS kits needed for early infant diagnosis. This quarter, it was noted that many facilities were still ordering the kits using the old ordering procedures. ZPCT II technical staff provided technical assistance to facility staff to ensure correct ordering procedures are adhered to following the MoH directive to incorporate the ordering of DBS bundles into the national laboratory commodities logistics system.

There are still a few challenges with the turn-around time for DBS mainly for the UNICEF supported SMS system, which is still experiencing delays because results are delivered directly to health care

workers' phones. These phones may not be readily accessible to ensure timely onward transmission of results to patients.

Only four out of 17 HCWs trained in PCR techniques are actively providing services on a rotational basis at ADCH in the PCR laboratory. The reasons for this vary from people being transferred to other districts, some going back to pursue their studies, and others still citing competing priorities as the challenge. ZPCT II will train additional staff to increase the pool of people available to provide services to reduce the strain of staff currently providing services in the laboratory

- **Commodity stock outs**

Brief stock outs of commodities were experienced this quarter mainly because of delays in health facilities submitting orders to Medical Stores Ltd. The commodities affected include: selected ARV drug formulations, notably Nevirapine 200mg tablets, Nevirapine pediatric formulation and Abacavir 300gm tablets. ZPCT II worked with the MoH and other partners to ensure that the new ordering system was working efficiently and that the facility staff adhered to the guidelines.

- **Internal quality control**

Challenges with access to stationery for the implementation of the IQC program were noted in some facilities. For example, Ndola Central Hospital, Nchanga North General Hospital and Arthur Davidson Children's Hospital reported not having adequate box-files for appropriate filing of each of the forms for IQC. Adequate stationery has been budgeted for by ZPCT II to ensure smooth implementation of IQC, and facilities affected have been encouraged to order using the appropriate procedures.

- **Male circumcision services**

Scaling up of male circumcision in the facilities is ongoing but affected by human resource shortages, with HCWs having many competing priorities. In addition during last quarter, there were some challenges with the supply of lignocaine, which affected the MC statistics but this later improved when the supplies that were ordered by JSI arrived in the country and were distributed to the facilities. ZPCT II is continually engaging MoH at all levels to ensure that MC activities are also prioritized in the health facilities and ensuring that provincial, district and facility staff have copies of and understand national policy documents and guidelines. It is hoped the new MC focal point person at the national level will create the needed momentum towards integrating MC services into facility health services.

- **Web2sms technology**

Operationalization of the web2sms innovation began in the 22 selected health facilities and has continued to be strengthened in this quarter. Appreciation and "ownership" of the value of pilot at facility level by HCWs has been somewhat slow. The provincial ZPCT II technical staff are re-orientating the health facility staff on the web2sms system in order to improve performance through utilization and ownership.

- **HIV nurse practitioner**

Mentors for the HIV nurse prescriber program are still not available in North-Western (Zambezi District) and Central (Serenje and Kapiri District) Provinces. ZPCT II technical staff provided support to the nurses on the practitioner program and will continue to do so next quarter. Other potential mentors have been identified who will be groomed to become mentors once the mentorship for the current group comes to an end.

DELIVERABLES FOR THIS QUARTER (January – March 2011)

- SF1034 (Invoice)
- SF425 (quarterly financial report)

TRAVEL/TDY for this Quarter (January – March 2011)

This quarter, the regional/international travels for ZPCT II staff were as follows:

- Deputy Chief of Party and dependent travelled to Nepal (R&R) from January 20 – February 19, 2011.
- Two ZPCT II staff (Data Manager and Senior MIS Technical Officer) attended the SQL server training in Cape Town, South Africa.

- Chilunje Zimba, PCR Laboratory Manager attended a one week refresher Molecular Biology course at Inqaba Biotech in South Africa from February 21–25, 2011.
- Dr. Prisca Kasonde, Director Technical Support attended a regional interagency experts consultation on advancing elimination of MTCT of HIV for improved maternal and newborn health in Nairobi, Kenya from March 14 – 18, 2011.
- Chief of Party travelled to the USA to attend the FHI Global Leadership Meeting from March 24 – April 3, 2011.

External Partner Coordination

- A partner coordination meeting with ZISSP in Central Province was held to discuss collaboration.
- A follow on partner coordination meeting took place in the North Western Province with the respective JSI field office.
- ZPCT II participated in a coordination meeting with JSI/SCMS in Lusaka to discuss the support ZPCTII has received by way of procurement of MC commodities. The meeting discussed monitoring and reporting on consumption of the commodities, pipeline of the commodities and consolidated further procurement plans. A follow on partner coordination meeting took place in the North Western Province with the respective JSI field office.
- ARVs Quarterly Quantification Meeting: ZPCT II was in attendance at this meeting which was held at JSI offices whose agenda was for key partners working with MoH to participate in the review of current stocks of ARVs and OI drugs and make forecasts for the following quarter. Other stakeholders in attendance included MoH, CIDRZ, CDC, Clinton Foundation, AIDSRelief and others.
- ZPCT II attended an all-inclusive capacity building stakeholders meeting chaired by Mr. Adam Lagerstedt, MoH Permanent Secretary Advisor. ZISSP was in attendance.
- ZPCT II signed a letter of collaboration (LOC) with the Luwingu DMO MSF. This LOC stipulates the coordination efforts by the three parties involved in serving the population of Luwingu in addressing HIV/AIDS through creation of synergies and avoidance of duplication of efforts.
- Continued discussions with COMET and the North Western PMO on collaboration in Solwezi District.

Technical support this quarter was received as follows:

- Kellock Hazemba (FHI Regional Senior F&A Advisor) traveled to Zambia for technical support to the ZPCT II program from February 27 – March 3, 2011.

TRAVEL /TDY for the NEXT QUARTER (April – June 2011)

Travel to attend international and regional meetings, trainings and workshops:

- One Technical Officer Laboratory Services to attend Good Clinical Laboratory Practice (GCLP) training provided by DAIDS in Durban, South Africa from 9 – 14 May 2011.
- One technical staff to attend the HIV INTEREST meeting in Dar-es-Salam, Tanzania in May 2011
- Two technical staff to attend management training in South Africa.
- The new COP, Dr. Michael Welsh will arrive in Zambia to start work on June 1, 2011.
- The current COP, Catherine Thompson, will leave post on June 14, 2011.

KEY ACTIVITIES ANTICIPATED FOR THE NEXT QUARTER (April – June 2011)

ZPCT II partners with the MoH at national, provincial, district and facility levels and will also continue to collaborate with other non GRZ partner organizations at all levels. The following activities are anticipated for the next quarter (April – June 2011):

- A new Chief of Party Dr. Michael Welsh will take up his new position on June 1, 2011. The incumbent, Catherine Thompson, will leave on June 14, after the AGOA meeting.

- ZPCT II will hire training consultants to develop and implement management training packages for PMO and DMO staff as part of capacity building efforts.
- ZPCT II will conduct two financial management trainings for PMO and DMO staff in Luapula and Northern provinces.
- ZPCT II will share capacity building assessment findings with MoH for purposes of keeping them informed on progress.
- ZPCT II will implement the HIV re-testing in PMTCT operational study now that approval has been given by the MoH.
- ZPCT II will initiate discussions with the MoH on the wider implications of implementing the ZPCT II gender strategy in MoH facilities in light of what GRZ is proposing through the National Plan of Action on Gender Based Violence (2010-2014) and National Plan of Action to reduce HIV infection among women and girls (2010-2014).
- ZPCT II will conduct assessments of the private sector sites for year three in the next quarter.

Technical support next quarter is as follows (April-June):

- Kellock Hazemba (FHI Regional Senior F&A Advisor) will travel to Lusaka to provide technical support to the ZPCT II program
- Hare Ram Bhattarai will provide one TA visit to support the roll out of the MSH developed ARV dispensing tool integrated into SmartCare, fine tuning of the tools, and assist with further re-design of the laboratory MIS tool
- Inoussa Kabore from FHI HQ will provide technical assistance in M&E to ZPCT II program
- Mike Reeves (Senior Development Specialist, Cardno) and Albena Godlove (Senior Manager, Cardno) will travel to Lusaka to provide technical support to the capacity building component of the program.
- Justin Mandala from FHI HQ will provide TA in PMTCT to the ZPCT II program pending USAID approval.

QUARTERLY PROGRESS UPDATE

I. PROGRAM OVERVIEW

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five year (June 1, 2009 – May 31, 2014) Task Order between FHI and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II is working with the Government of the Republic of Zambia (GRZ) to strengthen Zambia's national health system by maximizing access, equity, quality and sustainability in the delivery of comprehensive HIV/AIDS services. ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are its foundation.

This quarter, ZPCT II continued providing support to all 41 districts in Central, Copperbelt, Luapula, Northern and North Western Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MoH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will continue to implement the quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

A total of 341 public and nine private health facilities across 41 districts in the five provinces were supported by ZPCT II in the implementation of HIV/AIDS services. Key activities and achievements for this reporting quarter include:

- 341 public and nine private health facilities provided CT services. 130,768 individuals received CT services exclusive of those reached through PMTCT. The COP target includes those reached through PMTCT as well and that total is 184,679;
- 332 public and eight private facilities provided PMTCT services. 53,911 women received PMTCT services, out of which 4,611 tested HIV positive. The total number of HIV positive pregnant women who received ARVs to reduce the risk of MTCT during this period was 5,633;
- Technical assistance was provided in all technical areas with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in all 341 public and nine private health facilities. A cumulative number of 181,968 individuals received palliative care from these facilities;

- 130 public and 9 private health facilities provided ART services during this quarter (68 are static and 71 are outreach sites). Of the 139 ART sites, 137 ART sites report independently while two report through bigger facilities). A total of 8,267 new clients (including 627 children) were initiated on antiretroviral therapy. Cumulatively, 129, 225 individuals are currently on antiretroviral therapy and of these 8,839 are children;
- 494 health care workers were trained in one of the following; basic CT, PMTCT, ART/OI management, ART commodity management for laboratory and pharmacy, male circumcision, and equipment use and maintenance. This includes 17 HCWs trained in pharmacy commodity management. However, these 17 are not reportable as only laboratory staff trained are the ones that we report on;
- 102 community volunteers were trained in one of the following; basic CT, counseling supervision, PMTCT, and adherence counseling;
- Private sector assessments were conducted this quarter in all the five provinces to identify new facilities for the ZPCT II year three expansion plan;
- Of the 43 year two refurbishments, 20 were completed during this quarter. The remaining 23 are expected to be completed next quarter. Preparation of the environmental site assessments and tender documents for the targeted 84 refurbishments for year three have been also completed and advertised this quarter. However, in order to avoid overrunning the obligated RA budget 15 refurbishments have been postponed, leaving a total of 69 refurbishments;
- Starting from January 2011 one of the sites (Kavu) previously supported under the Ndola DMO in Ndola was transitioned to CHAZ support under the Global Fund program. Data was collected from Kavu through December 2010 and has been reported under this semi-annual reporting period. Kavu will be officially dropped as a site only from the next reporting period. However, this also means the total number of facilities supported will also be affected.

II. PROGRAM AND FINANCIAL MANAGEMENT

During this quarter, the following program and financial management activities took place:

A) ZPCT II Partner activities

- MSH is the partner responsible for strengthening laboratory and pharmaceutical services at national and facility levels. This quarter MSH provided ongoing technical support to strengthen implementation of the DBS sample referral system, CD4 sample referral system, the laboratory services QA/QI tools and the pharmaceutical services QA/QI tools, internal quality assurance, EQA for CD4 and HIV testing, inter-laboratory quality assurance for DBS testing (this did not happen this quarter so it can be removed), ART laboratory SOPs, review of ART pharmacy SOPs in facilities, implementation of the various logistics systems namely ARVs logistics system, HIV test kits logistics system, Laboratory Commodities Logistics System, PMTCT drug logistics system for PMTCT. The partner also participated in piloting of the Short Message System (SMS) technology for sending HIV DNA PCR results to facilities, laboratory accreditation activities, follow up of equipment and reagents status, and on plans for the roll out and implementation of the new Essential Medicines Logistics Improvement Program (EMLIP).
- CARE Zambia is responsible for facilitating community based prevention, care and treatment services, and strengthening the continuum of care from community to health facility level, facility to community and within the community. This quarter CARE Zambia facilitated training of volunteers in CT, counseling supervision, PMTCT, and adherence counseling. CARE also supported mobile CT, referral for CT, PMTCT and MC as well as district referral network meetings.
- Social Impact (SI) is responsible for providing support to mainstream gender into the ZPCT II program. The final gender strategy has been shared with the Ministry of Health at provincial level and national level. Review of the Adherence Support Worker manual incorporating gender module commenced this quarter. Review of PMO and DMO supervisory tools also commenced this quarter with a view to updating them to include gender indicators. Gender sensitization workshops were held for ZPCT II staff in Lusaka, Copperbelt and Central province as well as for PMO and DMO staff in the two provinces.

- Cardno Emerging Markets (Cardno) is responsible for building the capacity of PMOs and DMOs to manage HIV/AIDS programs beyond ZPCT II. This quarter Cardno staff led two teams of PMO staff in implementing the assessment tool on 4 and 3 District Medical offices in North-Western and Luapula Provinces respectively, in Finance, Human Resources, Planning and Governance. ZPCT II attended an all-inclusive capacity building stakeholders meeting chaired by Mr. Adam Lagerstedt, MoH Permanent Secretary Advisor. The coordination meeting was arranged to help create a platform on which partners can collaborate and exchange capacity building knowledge and tools.
- Churches Health Association of Zambia (CHAZ) has been responsible for contributing to the expansion and scaling up of HIV/AIDS services in nine mission facilities to date. CHAZ staff conducted technical assistance and program monitoring visits to Luapula and Northern provinces. CHAZ met with ZPCT II to discuss amendment of the CHAZ subcontract. Some equipment including a genset was delivered to Lubushi RHC, while renovations commenced at Lubushi RHC, Chilubula RHC and Mambwe RHC. This quarter, Kavuu Health Center, in Ndola, Copperbelt Province transitioned to CHAZ support from ZPCT II. Kavuu Health Center has been a ZPCT supported facility since 2007 under the Ndola DMO recipient agreement. Renovations are ongoing at three CHAZ health facilities supported by ZPCT II.
- Kara Counseling and Training Trust (KCTT) is responsible for strengthening technical capacity of facility staff to provide counseling and testing services through delivery of trainings. This quarter, KCTT conducted certification of 26 health workers as counselor supervisors in three provinces.
- University Teaching Hospital (MC unit) provided support in the implementation of male circumcision services. This quarter, it facilitated two MC trainings for participants from four provinces, including Central, Copperbelt, Luapula and North-Western.

External Partner Coordination

- Partner coordination meetings with ZISSP in Central Province to discuss collaboration.
 - A follow on partner coordination meeting took place in the North Western Province with the respective JSI field office.
- ZPCT II participated in a coordination meeting with JSI/SCMS in Lusaka to discuss the support ZPCTII has received by way of procurement of MC commodities. The meeting discussed monitoring and reporting on consumption of the commodities, pipeline of the commodities and consolidated further procurement plans.
- ZPCT II participated in coordination meetings in Lusaka to ensure better collaboration by implementers of male circumcision activities (MC) and for the planning and launch of the MC program.
 - ZPCT II participated in a coordination meeting with JSI/SCMS and USAID in Lusaka to discuss issues of lab re-agent stock outs in the facilities.
 - ARVs Quarterly Quantification Meeting: ZPCT II was in attendance at this meeting which was held at JSI offices. The agenda was for key partners working with MoH to review current stocks of ARVs and OI drugs and make forecasts for the following quarter. Other stakeholders in attendance included MoH, CIDRZ, CDC, Clinton Foundation, AIDSRelief and others.
 - ZPCT II attended an all-inclusive capacity building stakeholders meeting chaired by Mr. Adam Lagerstedt, MoH Permanent Secretary Advisor. ZISSP attended the meeting.
 - ZPCT II signed a letter of collaboration (LOC) with the Luwingu DMO and MoH- This LOC stipulates the coordination efforts by the three parties involved in serving the population of Luwingu in addressing HIV/AIDS through creation of synergies and avoidance of duplication of efforts.

B) Health Facility Support

Recipient agreements (RAs): Amendments to the 11 hospital recipient agreements started this quarter and will be completed in the next quarter. ZPCT II provided programmatic, financial and technical support to 349 facilities across 41 districts of the five provinces through a recipient agreement mechanism. This quarter, ZPCT II two reviewed the current recipient agreements with the view to reduce the scope of work. This exercise will be completed in the next quarter.

ZPCT II collected data from Kavu up to December 2010 and hence the site will still be counted in the total number of sites supported in the semi-annual report for September 2010 to March 2011.

This quarter, the amendment to the UTH recipient agreement and the CHAZ subcontract started for inclusion of additional activities. These will be completed and signed next quarter.

A complete list of the current recipient agreements/subcontracts is listed under *Annex F*.

C) Renovations

Renovations: Of the 43 year two refurbishments, 20 were completed during this quarter. The remaining 23 are expected to be completed next quarter. Preparation of the environmental site assessments and tender documents for the targeted 84 refurbishments for year three have been also completed and advertised this quarter. However, in order to avoid overrunning the obligated RA budget 15 refurbishments have been postponed, leaving a total of 69 refurbishments.

D) Environmental Impact Mitigation

As with the last quarter, ZPCT II monitored management of medical waste and ensure environmental compliance of ZPCT II supported renovations. Guidelines are being used by provincial offices to formalize and strengthen implementation and monitoring of medical waste management and disposal. Monitoring and documenting of health facility practices and adherence to the Environmental Protection and Pollution Control Act is an ongoing activity.

ZPCT II program activities (PMTCT, CT, ART, laboratory and pharmacy, male circumcision) contribute to increase the amount of medical waste, including needles, syringes and waste materials from renovations. ZPCT II has a mandate to apply environmentally sound designs to limit and mitigate the impact that renovations and expanded clinical services are having on the immediate and surrounding environment.

Infrastructure support officers from the Lusaka office visited all the five provinces and verified implementation of mitigation plans by the ZPCT II provincial offices and compliance by ZPCT II staff and MoH facilities. Key documents were reviewed, including pre-renovation Environmental Site Assessment (ESA) reports, renovation inspection reports, field visit trip reports and Technical Assistance Field visit forms. Management of medical waste is documented in these reports.

The absence of functional incinerators in most facilities continues to pose a problem for the incineration of the sharps. ZPCT II is not able to build new incinerators and procurement of portable incinerators is very expensive and requires electricity or gas, but unavailable in rural areas. Disposal of laboratory waste is also a challenge in some facilities because of the lack of running water, incinerators, and septic tanks/soak ways. The current method of using pits is not ideal because of the shallowness of the pits or their poor location.

E) Facility Graduation and Sustainability Plan

During this quarter no districts were graduated. However, preparations have continued to prepare five districts to be graduated next quarter in collaboration with the respective DMOs. The total number of graduated districts is 15. Reduced technical and financial assistance is being provided by ZPCT II in all graduated districts – once a quarter, the facilities in the graduated district are visited and the QA/QI tool administered to assess the quality of services being provided. Where problems have been identified through this process, specific action is taken to address the problems.

F) Procurement

Procurement for year two was complete and orders were issued to vendors. Some equipment has been received and were distributed to the provincial offices. Documentation for year three equipment over \$5000

was submitted to USAID for approval. Documentation for other year three procurement has been completed and the process of issuing orders started this quarter.

G) Prevention

Prevention activities and services were supported and provided in the ZPCT II supported community and health facilities. Activities included retesting negatives, scaling up male circumcision services (including integration with counseling and testing), Prevention with Positives (PwP), general counseling and testing, prevention of mother to child transmission, youth and mobile CT. At community level, seven mobile CT sessions were conducted across the five provinces, including referrals for CT, PMTCT and MC.

H) Gender

USAID approved the ZPCT II gender strategy this quarter. Following the approval of the gender strategy, an implementation plan has been developed to guide the implementation of activities. Gender activities which include promoting male involvement in PMTCT, couple counseling and to a lesser extent screening for gender violence are ongoing at the service delivery points in ZPCT II supported facilities. Review of the ASW training manual for inclusion of the gender module is ongoing and will be completed next quarter. Review of MoH supervisory tools to include gender sensitive indicators, is also ongoing and will be completed next quarter. During the next quarter, ZPCT II will start discussions with MoH on incorporating gender components in the other HCW training packages. ZPCT II is awaiting confirmation from the MoH on the date for the launch of the strategy.

I) Human Resources

Recruitment

During this quarter, ZPCT II filled ten positions from a total of 27 vacancies. Plans are on the pipeline to recruit more staff to fill the remaining 17 vacancies. Eight staff resigned this quarter.

Training and Development

Total Quality Management Training will be conducted in the next quarter. The training is aimed at enhancing the appreciation of roles, responsibilities and performance across the organization. A number of staff development and training activities have been planned for next quarter that includes the *Total Quality Management Training* which will be conducted in the next quarter. This is aimed at enhancing the appreciation of roles, responsibilities and performance across the organization.

J) IT

In the previous quarter, surveys were conducted in the ZPCT II field offices to review the impact of electrical setup on the IT systems. During this quarter, a report was submitted by Hyfotec Engineering, which highlighted some deficiencies in the electrical systems. Quotations have been requested from vendors to implement the recommendations from the report. As a result of these deficiencies, ZPCT II has lost three network switches, two WAN bandwidth acceleration devices and a Vsat system. It is expected that an order will be given to a vendor to carry out the works during the next quarter.

The agreement between ZPCT II and Necor to automate web2sms airtime top ups is ongoing. This quarter, a new agreement was signed with Airtel to transfer all the web2sms SIM cards onto the postpaid service to automate top ups of data bundles. This was concluded and has tremendously improved the web2sms program as well as monthly reporting because airtime and data bundle outages have been significantly reduced.

During this quarter, the IT team completed the rollout of the new Microsoft Office 2010 software across ZPCT II offices. Also, the IT team commenced the procurement of new computer equipment to replace obsolete computer equipment in ZPCT II supported health facilities.

ZPCT II IT team completed the scope of work for the vendor of computerized asset inventory. An order was given out and the vendor has since commenced working on the software including importing the existing MS Excel spreadsheet based asset registers into the new system.

In the next quarter, IT will commence the replacement of obsolete health facility equipment once the new computers are received. IT will also continue with the implementation of the new inventory system and the rollout to all ZPCT II offices.

K) Finance

- Pipeline Report: The current obligated amount is \$57,312,000, out of which we have spent \$40,686,033 up to the end of April. Using our current burn rate, we projected that our expenditure will reach 79% of the current obligation at the end of June 2011. The remaining obligation is projected to last us for four to five months after June, which means that we will only need additional funding at the end of October 2011
- Financial review by USAID: A team of financial analysts from USAID came to conduct a financial review for Lusaka, Kabwe and Ndola offices
- ZPCT II conducted a review of the procurement system with the support of Bob Mohar, the Director of Procurement from FHI HQ. Recommendations were made on how to improve efficiency
- ZPCT II reviewed the CARE sub-granting processes with the support of Kellock Hazemba, the Regional Finance and Administration Advisor from FHI South Africa
- Orientation was held for the newly appointed Contracts and Grants Manager, Senior Provincial Finance and Administration Officers for Kabwe and Solwezi offices
- The Director of Finance and Administration undertook his first field office orientation trip. He visited Northern and Luapula Provinces and was accompanied by the Senior Financial Analyst.
- A financial review was conducted in the Copper belt and North Western Province field offices by the Senior Financial Officer (Lusaka) and another one in the Central Province field offices by the Senior Finance and Administration Officer –Ndola Office
- FHI finance staff worked on the responses to the last internal audit by FHI HQ
- The ZPCT II receptionist was trained in Front Office/Reception management

III. TECHNICAL ACTIVITIES

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.

1.1: Expand counseling and testing (CT) services

As part of its ongoing support to the health facilities, ZPCT II provided technical assistance to 341 public and 9 private CT sites in the five supported provinces. A complete list of ZPCT II CT sites is available in *Annexes B and C*.

1.1.1. CT Services

Technical assistance was provided by the Lusaka and the provincial ZPCT II staff to HCWs and lay counselors in all public and private facilities visited this quarter. 131,584 clients were pretest counseled and 130,768 tested and received results and of these, 19,843 were found to be HIV positive and referred for assessment for ART. The areas of focus this quarter included:

- Integrating CT into family planning (FP), male circumcision (MC), TB and sexually transmitted infections (STI): Support was provided in both the new and old supported facilities. Through this activity, 12,684 CT clients were referred for FP services and 13,378 FP clients were provided with CT services. In addition, 979 TB clients were provided with CT services out of the 1,694 clients with unknown HIV status. ZPCT II also mentored CT providers on the need to give information on MC to CT clients and referring willing HIV negative men for MC services. MC/CT integration led to 3,311 MC clients being referred for male circumcision from counseling and testing services. Emphasis on male circumcision was also being made during CT trainings for both the lay counselors and the health care workers (HCWs).
- Strengthening retesting of HIV negative CT clients: In line with the World Health Organization (WHO) 2010 guidelines on “Delivering HIV test results and messages for re-testing and counseling in adults”, ZPCT II emphasized and strengthened HIV re-testing for negative clients this quarter. This activity has now been scaled up to all the facilities. This quarter, 16,196 CT clients were re-tested out of which 1,941 tested positive for HIV and were linked to care and treatment services. ZPCT II also mentored the facility staff on how to document re-tested CT clients correctly in the integrated CT registers. Effective risk reduction counseling and planning continued to be emphasized with the HIV

negative clients to help them remain negative. In addition, quality control measures for HIV testing are continually being strengthened.

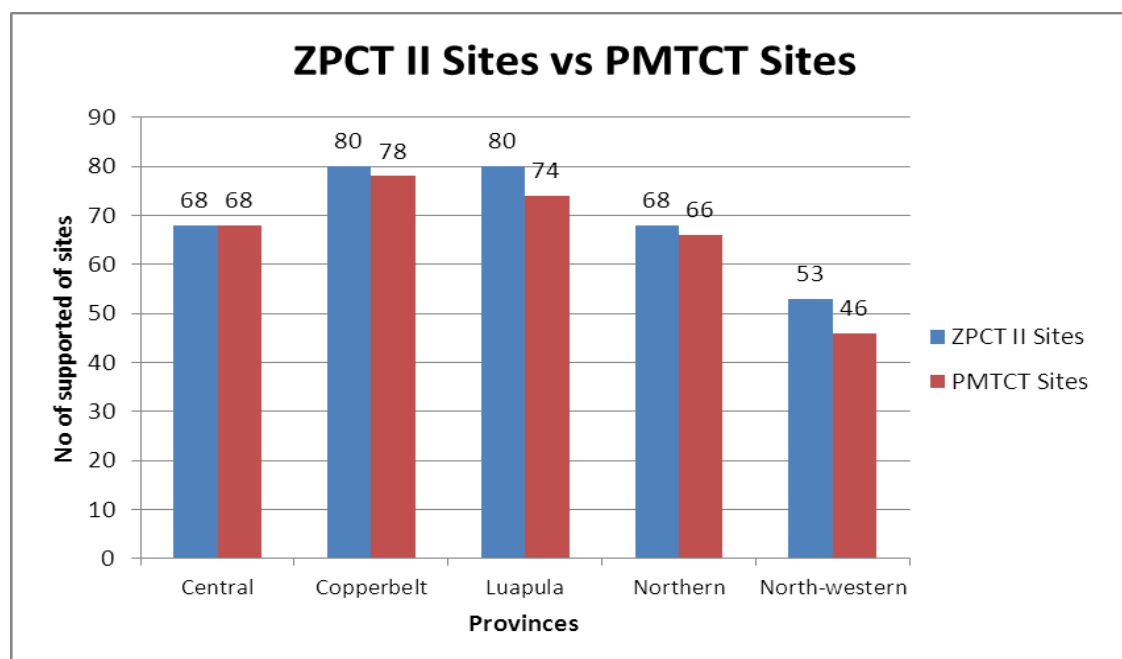
- **Strengthening the integration of CT in the pediatric wards and under-five clinics:** This quarter, 182 under-five clinics were providing routine HIV testing to the children being brought for immunizations. In addition, 33 hospitals were consistently providing routine HIV testing to the children admitted. Emphasis on the importance of routine counseling for all HIV exposed children during the growth monitoring services was made during TA visits to the supported facilities.

Strengthening couples counseling and testing: During this quarter, ZPCT II emphasized the importance of couple counseling and the need to have CT clients tested as couples during the TA visits to the facilities. Health providers were reminded and encouraged to stress the need for couples to receive their HIV test results together and enhance support for each other. This activity led to 34,174 individuals (20,530 women and 13,644 men) being counseled and tested as couples.

- **Use of the chronic HIV care (CHC) checklist for symptom screening for chronic diseases** (diabetes mellitus, and hypertension), TB, gender based violence (GBV) and provision of Prevention with Positives (PwP) services in CT corners was implemented. ZPCT II staff provided TA to the supported CT sites on the use of the ZPCT II CHC checklist to screen CT clients for diabetes, hypertension, TB, GBV and provided HIV positive CT clients with the recommended minimum package for PwP services. During this quarter, emphasis was made on having the checklist forms thoroughly completed and well filed to enable data collection at the end of each month. The CHC checklist forms were administered on 19,085 CT clients across the supported facilities.
- **Administration of QA/QI tools:** Use of the QA/QI tools remained a focus area for TA during this quarter. The QA/QI tools were administered in 260 ZPCT II supported facilities as part of the ongoing process for monitoring quality of services. In addition, counselor support meetings were conducted by the supported facilities. These meetings provided a good forum for counselors to share experiences, discuss ways of managing stress, burn-out, difficult situations, and also address other CT issues as a group.

1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

This quarter, ZPCT II provided technical assistance to 332 public and eight private PMTCT sites in the five supported provinces. A complete list of ZPCT II PMTCT sites is available in *Annex B*.



1.2.1. PMTCT Services:

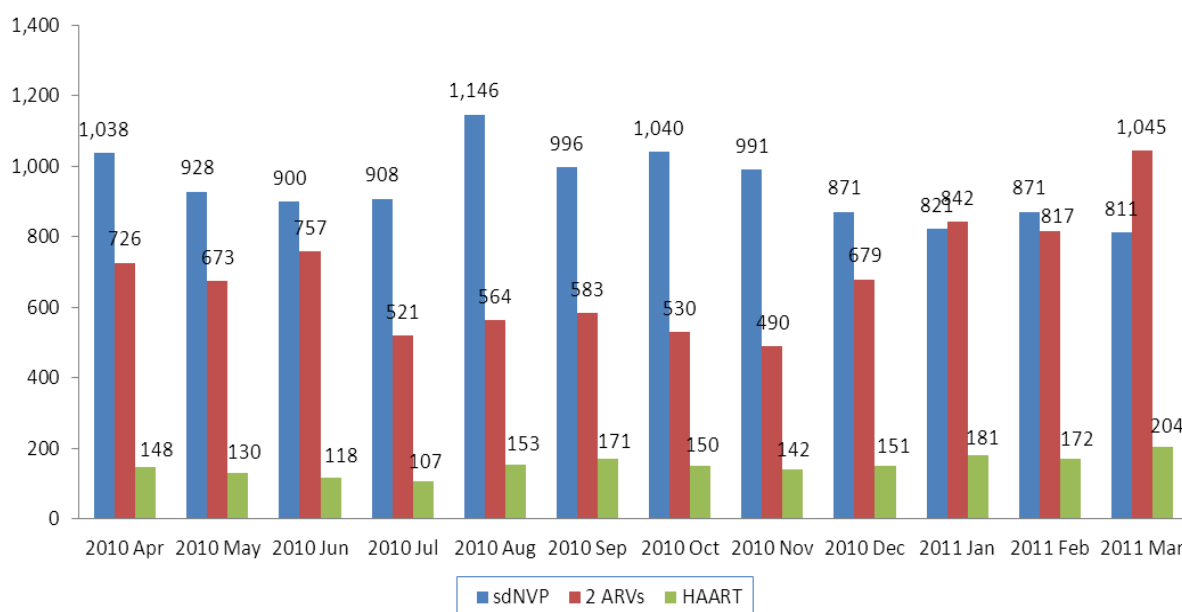
ZPCT II consolidated routine HIV testing in PMTCT using the “opt out” strategy with same day results in all the new sites during the reporting period. PMTCT services were provided in 332 public and eight private supported facilities. A total of 53,911 antenatal care (ANC) clients were provided with PMTCT

services, with 4,628 testing HIV positive. In addition, a total of 5,633 HIV positive pregnant women received a complete course of ARVs for PMTCT.

The areas of TA focus in PMTCT this quarter included:

- Distribution and orientation of the facility staff to the new PMTCT guidelines: The distribution of the new guidelines was done in all the supported facilities across the five provinces. Subsequent to that, orientation meetings were organized for the provincial and district medical offices, followed by facility level orientation meeting for HCWs.
- Strengthening provision of more efficacious regimes for PMTCT: Following orientation to the new PMTCT guidelines, mentorship of facility staff was conducted this quarter to ensure that the guidelines were being implemented. The facility staff started providing AZT at 14 weeks as recommended and linkages to care and treatment were being strengthened to ensure that HIV positive eligible pregnant women were being initiated on HAART accordingly. Escorted referrals to ART clinics, where feasible were encouraged at all the supported sites to ensure timely assessment of HIV positive pregnant women.
- Improving access to CD4 count assessments for HIV positive pregnant women: ZPCT II worked with the HCWs to strengthen and improve access to CD4 count assessments to enable HIV positive pregnant women that are eligible to be initiated on HAART on a timely basis. This was done through mentorship of HCWs, strengthening of the sample referral system, including training more motorbike riders in the five supported provinces and facilitating access to fuel for motorbikes. In addition, collaboration with district laboratory coordinators ensured that rescheduling of some of the days for CD4 count blood sample collection was done and synchronized with days when ANC services are provided in the facilities. Out of 4,628 pregnant women that tested HIV positive, a total of 2,763 HIV positive pregnant women had their CD4 done (60%).
- Re-testing of HIV negative pregnant women: HIV retesting of pregnant women who test HIV negative has been operationalized in most of the supported facilities with the exception of a few new facilities. The new facilities will be provided with ongoing technical assistance to ensure that retesting is operationalized in the next quarter. During this reporting period, 329 facilities out of 332 MOH PMTCT sites and all eight private sites initiated retesting for HIV with 10,255 pregnant women having been re-tested for HIV. Of these, 439 had sero-converted. All the pregnant women that sero-converted were provided with the full package of PMTCT interventions including CD4 count assessments, provision of ARV prophylaxis for those not eligible and HAART for those found to be eligible. ZPCT II also mentored PMTCT providers on documentation of women retested in HIV.
- Strengthening mother baby pair follow-up: This remained an ongoing effort during this quarter and included early identification of the HIV exposed babies at six weeks and having DBS collected from them for HIV PCR testing. In addition, the exposed babies were also being initiated on cotrimoxazole at six weeks according to the national PMTCT guidelines. Facility staff were also being mentored on doing a repeat PCR test at six months as recommended in the new PMTCT guidelines for HIV exposed breastfeeding infants and ensuring that community volunteers were also tracking those lost to follow up. During this reporting period, 4,858 HIV exposed babies had their blood drawn using DBS method. Of these, 2749 HIV exposed infants received cotrimoxazole prophylaxis through the PMTCT program. Infants with positive HIV results continued being tracked and referred to ART clinics for further management and initiation of HAART.

Number of HIV+ pregnant women by ARV prophylaxis type, April 2010 to March 2011



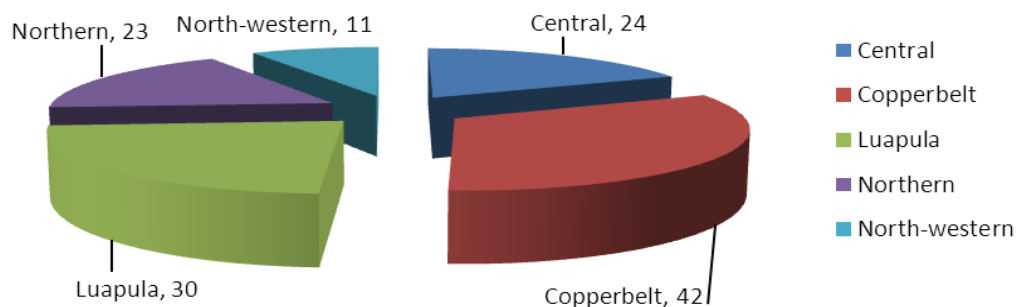
- The web2sms pilot: This continued in 22 selected sites. This involved notifying the parents/guardians of babies who had DBS done once the results were received back from the PCR lab. The evaluation is expected to be done next quarter.
- Capacity building for HCWs from private health facilities: Efforts to strengthen service delivery of PMTCT services in the ZPCT II supported private health facilities was conducted through PMTCT training and mentorship of HCWs. Nine HCWs were trained during this quarter.
- Family planning integration: ZPCT II mentored and provided technical assistance to facility staff on the importance of strengthening family planning within PMTCT services. As part of routine antenatal and postnatal care, all pregnant mothers were counseled on the importance of family planning and for those that tested HIV positive; its importance in PMTCT was emphasized. In addition, through the use of the national opt-out strategy, family planning clients in MNCH were routinely offered counseling and testing for HIV and those testing HIV positive were informed of MTCT and PMTCT services. Facility staff were encouraged to show evidence of integration by documenting the services accurately.
- Prevention for Positives (PwP): ZPCT II mentored HCWs and community cadres on the use of the CHC checklist to provide PwP services in all the PMTCT supported facilities with emphasis on the risk reduction and strategies of hope.
- Public-private partnerships (PPP): Technical assistance to nine private facilities was provided as part of the PPP innovation. ZPCT II also built the capacity for the service providers in the private facilities by incorporating them in the different ZPCT II supported CT trainings. This quarter, nine staff from five private facilities were trained in PMCT.

1.3: Expand treatment services and basic health care and support

ART Services

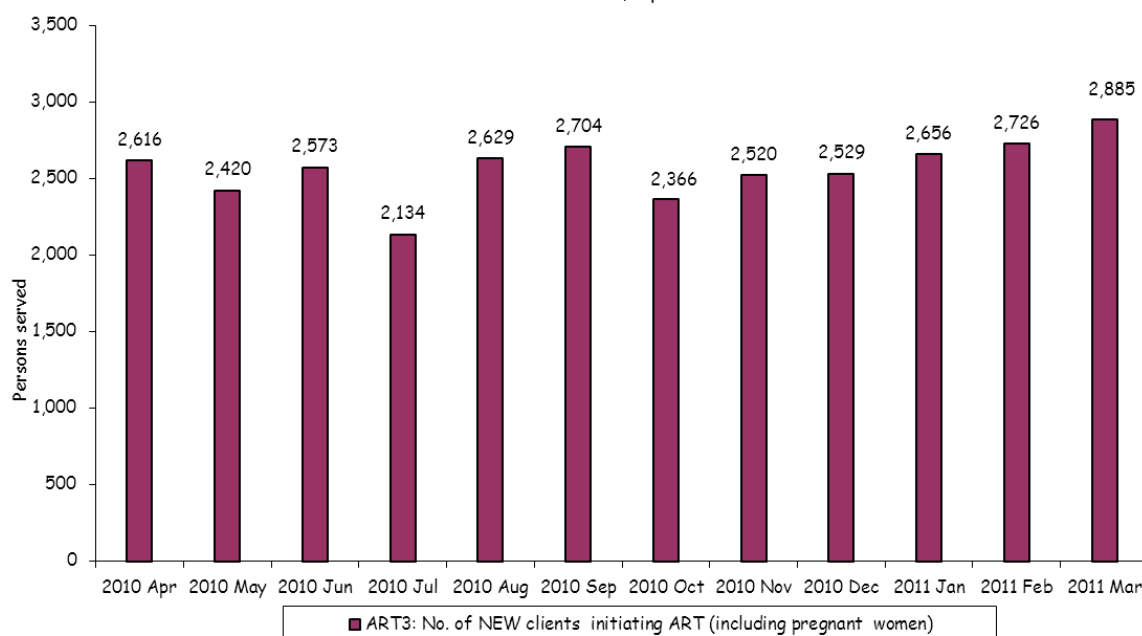
ZPCT II supported 130 public and nine private health facilities in the provision of ART services during this quarter. Of these, five were new sites that initiated services this quarter, namely Kazembe, Kalungu Urban, Kasama Urban, Tazara Railway and Chozi Rural Health Centers (RHCs). A complete list of all ZPCT II supported ART sites is available in *Annex D*. A total of 137 ART sites report their data independently while two report through another facility, namely St Dorothy Health Centre in Solwezi (North Western Province) and Mporokoso Urban Clinic in Mporokoso (Northern Province). Out of all the 139 ART sites, 68 are static and 71 are outreach sites.

ZPCT II Supported MOH ART Sites



From all these ZPCT II supported ART sites, 8, 267 new clients (including 627 children) were initiated on antiretroviral therapy this quarter. This included 659 pregnant women identified through the PMTCT program. Currently, there are 129,225 patients that are receiving treatment through the ZPCT II supported sites, out of which 8, 839 are children.

ZPCT II Service Statistics, Apr 2010 to Mar 2011



ART on-going activities

To ensure provision of quality ART services in the supported sites, the focus of technical assistance to the ART sites during this quarter included:

- On-site mentoring and supervision of ART HCWs: ZPCT II provided technical support to HCWs working in the ART clinics on good clinical assessment, WHO staging including doing all necessary baseline laboratory investigations. In addition, technical assistance was provided on initiation on HAART for those who are eligible after adequate adherence counseling as well as on what the follow up should be for those with high CD4 count and not yet eligible for ART.

- Accreditation of ART sites: This quarter, even though the Health Professions Council of Zambia (HPCZ) did not carry out any assessment for accreditation of ART sites as it wait for the re-orientation of assessors to be done, ZPCT II continued to provide ongoing support to facilities that will be due for assessment for accreditation once the Health Professions Council of Zambia (HPCZ) begins the assessment. This was done through the provision of the requisite mandatory national HIV/AIDS and ART guidelines, SOPs; providing orientation sessions to facility and DMO staff on the process of site assessment and requirements for accreditation. The re-orientation training for ART sites accreditation assessors to be supported by ZPCT II was once more postponed to mid-May 2011, in Central Province due to tight program schedules by HPCZ and stakeholders. To date, 46 ZPCT II supported ART sites have been accredited.
- HIV Nurse Prescriber (HNP) program: The second group of ten trainees from ZPCT II supported sites continued with their mentorship program this quarter. However, some challenges were noted in North-Western and Central Provinces i.e. Zambezi and Kapiri Mposhi District Hospitals respectively, where MoH supported mentors have not reported back from vacation leave. In addition, at Chitambo Mission Hospital also in Central Province, the trained mentor is usually also attending to clinical cases at Serenje District Hospital within the same district due to staffing constraints. This has resulted in ZPCT II relying on its clinical care staff that is trained as back up mentors to support the mentorship activities almost exclusively in the last quarter. This is likely to continue in the next quarter.
- Pilot Short Message System (SMS) application for defaulting clients (Web2SMS) technology: This quarter, ZPCT II implemented this strategy of recalling clients through the SMS technology. The reporting template for web2SMS was revised to ensure an improved cascade can be tracked for clients awaiting DBS results and defaulters in the ART clinic. This strategy is being piloted in 22 sites.
- ART QA/QI tools: The ART QA/QI tools will be implemented starting next quarter once the revision of software version of CSPro in line with the tools is finalized.
- Post exposure prophylaxis (PEP): The PEP register has been rolled in all the five provinces and HCWs oriented on its use in line with the revised 2010 ART guidelines. During this quarter 117 clients accessed PEP at supported facilities.
- Model sites: Model sites are ART sites that have been identified to be providing high quality services in all technical areas and suitable to be used as 'mentorship' or training sites for staff coming from other sites that are not yet at that level. So once these 'model' sites are identified, the staff there are oriented to the concept and mentorship begins on an ongoing basis hosting staff from other facilities for one week each month. The staff from the 'model's sites may also have opportunities to attend ZPCT II sponsored meetings and/or trainings. The model sites identified in the five provinces are Nchanga North Hospital (ART) and Kabundi (PMTCT) in Copperbelt Province, Kabwe General Hospital (ART) and Pollen HC (PMTCT) in Central Province, Solwezi General Hospital (ART) and Solwezi Urban HC (PMTCT) in North-Western Province. Others are Mansa General Hospital (ART) and Senama HC (PMTCT) in Luapula Province, and Kasama General Hospital (ART) and Kasama HAC (PMTCT) in Northern Province. During this quarter, two trainings for these model sites were conducted for 54 HCWs. In addition, 25 ZPCT II provincial technical staff were trained in how to professionally mentor others and upgrade their skills and knowledge in their respective disciplines. In each training at least one HCW from each of the six service area was trained i.e. CT, PMTCT, ART, pharmacy, laboratory and M/E. After the training, facility staff appreciated the need to update their standards and records and a timeline of end of March 2011 was set to achieve this. Learning and mentoring for low performing sites based on M&E indicators will begin next quarter.

Pediatric ART activities

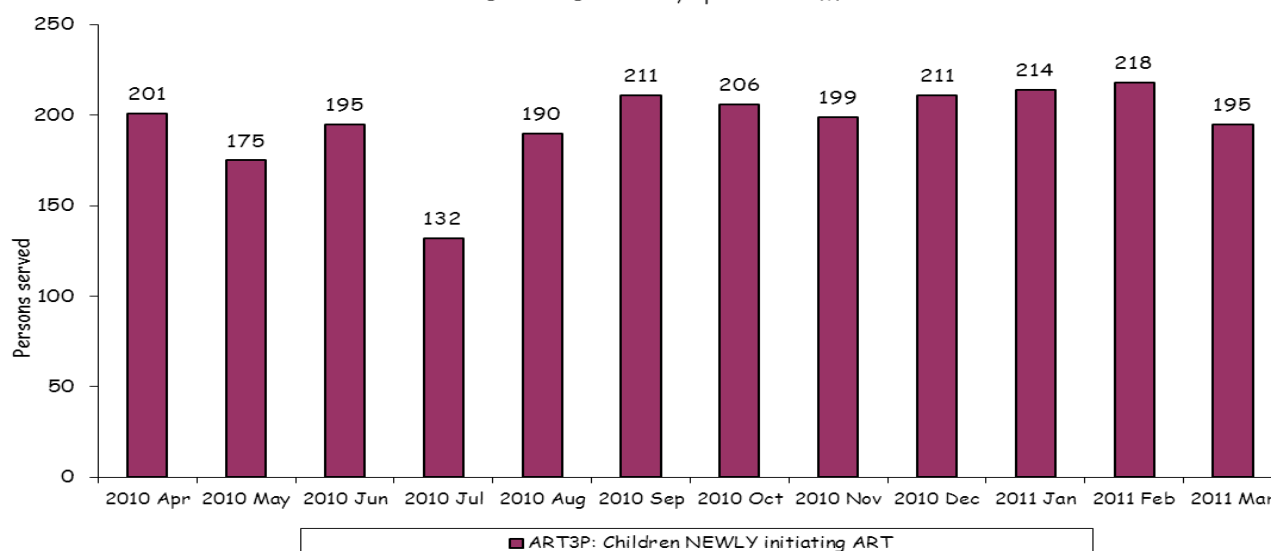
This quarter, ZPCT II worked with the supported ART sites to ensure provision of quality pediatric ART services. The focus of technical assistance for pediatric ART included:

- Strengthening early infant diagnosis and enrollment into care and treatment. This included training of HCWs in pediatric ART and on-site mentorship. During the last quarter, 25 HCWs had been trained in

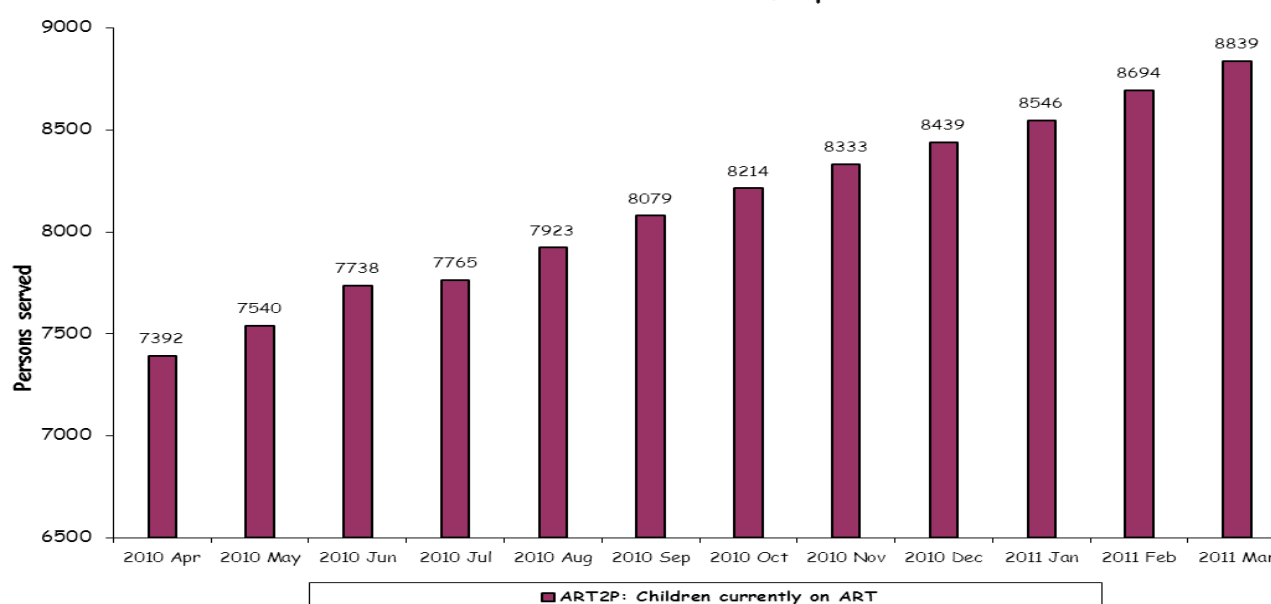
the Central Province in pediatric ART. This will be continued in the next quarter, in addition to the onsite orientation on revised 2010 pediatric ART guidelines.

- Adolescent HIV clinics: ZPCT II worked with Arthur Davison Children's Hospital (ADCH), Kitwe Central and Ndola Central Hospital to set up adolescent HIV clinics to facilitate ART provision for this age group. The support offered includes identifying and supporting their special needs in adherence counseling. Next quarter, ZPCT II will consider other ways to support the support group formed at ADH after appropriate amendments to the Recipient Agreements.
- Revised pediatric ART guidelines: During the last quarter, ZPCT II participated in the development of the orientation package and training packages for both the adult and pediatric ART guidelines. ZPCT II will support the printing, distribution and orientation of HCWs in these guidelines next quarter. The delay in printing was because MoH wanted to spearhead the procurement of printing services and then for all partners to use the same printing agency.

ZPCT II Service Statistics, Apr 2010 to Mar 2011



ZPCT II Service Statistics, Apr 2010 to Mar 2011



Clinical Palliative Care Services

During the reporting period, 341 public and nine private health facilities provided clinical palliative care services for PLHA. A total of 180, 236 (including 13,378 children) clients received care and support at ZPCT II supported sites this quarter. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), nutrition assessment using body mass index (BMI) and nutrition support for children using plumpy nut ready to use food in ten sites. In addition, ZPCT II also supported screening of chronic conditions such as hypertension, diabetes mellitus. TB/HIV activities also fall under the category of palliative care including intensified case finding that was supported by the CHC checklist. The general management of opportunistic infections was also part of this package. The following activities were undertaken during this reporting period:

- ASW training package: Incorporation of gender issues into the ASW module was finalized this quarter and a one day ASW trainer of trainer (TOT) workshop is planned for next quarter.
- Managing HIV as a chronic condition: ZPCT II strengthened the implementation of this component through providing onsite mentorship on chronic HIV care to include screening for and management of co-morbidities in HIV clients' particularly chronic conditions such as diabetes mellitus and hypertension. The checklist developed as a data collection tool was finalized with adequate copies printed for use. A database has been developed and deployed in pilot sites where glucometers were placed in the last quarter. This will assist in evaluation of this activity by mid2011.
- Cotrimoxazole prophylaxis: This quarter, ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children who needed treatment in accordance with the national guidelines. 7,234 clients were put on cotrimoxazole prophylaxis, including 580 children.

1.4: Scale up male circumcision (MC) services

Technical assistance, mentorship and supportive supervision was provided to all the 27 supported sites. Provision of instruments and theatre clothing will help to resolve the challenge of the slow pace of implementation of services due to lack of MC instruments and other commodities such as lignocaine.

- MC services: 27 ZPCT II sites implemented MC services by end of March 2011. Four of these sites initiated services this quarter - Ngungu HC in Kabwe, Mukonchi HC in Kapiri Mposhi, Senama HC in Mansa and Mumbwa District Hospital. Refurbishments at Mpulungu health centre (Northern province), Ronald Ross hospital (Copperbelt), Mukonchi (Central province) and Mwinilunga district hospital (North Western province) were completed during this quarter. During this quarter, all the procured MC instruments, theatre clothing and consumables were distributed to the provincial offices for onward distribution to health facilities. A total of 660 circumcisions were performed this quarter.
- Trainings: Two male circumcision trainings were conducted in the Copperbelt and Central Provinces this quarter. A total of 26 health care providers were trained in MC from eighteen health facilities, including the new MC site Mumbwa District Hospital. This brings the number of health facilities with trained health providers to 27 and the total number of health care providers trained to date to 162.
- Technical assistance and supportive supervision: During this reporting quarter, ZPCT II MC technical officers conducted technical assistance and supportive supervision in the supported MC sites across the five provinces. The ZPCT II and UTH MC unit will conduct the post-training technical support and supervisory visits for all the health care providers trained in the next quarter as this was not possible in the last quarter due to rescheduled trainings.
- Job aids and IEC materials for MC: The materials developed last quarter in collaboration with CT/PMTCT unit, which include; MC client flow chart, MC counseling protocol and the MC counseling information were presented in the MC communications technical working group subcommittee on communications. A meeting has been planned to review and adopt these and other materials from other partners and also streamline the MC communication strategy and MC messages for targeted audiences.

- **National level MC activities:** This quarter, ZPCT II participated in the national level MC activities both at the technical working group level and the appropriate subcommittees. During the quarter under review, ZPCT II received an External Quality Assurance (EQA) visit from PEPFAR/WHO at one of the supported sites Arthur Davison Children's Hospital. The official written report on this is still being awaited.

TB-HIV services

This quarter, ZPCT II was represented on the national TB-HIV subcommittee, which is chaired by the national TB Infection Control program (NTP). As part of this national TB/HIV committee, ZPCT II attended the launch of the Infection Control (IC) guidelines during this quarter. In the coming quarter, through collaboration with JHPIEGO who have printed adequate number of copies which are accessible from MoH, ZPCT II will collect and distribute copies of the same to its supported sites.

The focus for technical support during this reporting period included:

- **Strengthening the integration of CT into TB services:** This quarter, ZPCT II included some of the TB nurses and TB treatment supporters in the basic CT trainings being supported across the five provinces and post training mentorship provided to them thereafter. HIV testing continues to be offered routinely to all TB patients in all facilities and through this activity.
- **Strengthening of screening for TB:** As part of intensified case finding (ICF), within clinical care/ART as well CT services, ZPCT II implemented the TB symptom screening tool which is part of the chronic HIV care checklist. This was administered by ASWs and HCWs at facility level (including in the ART clinic), to enhance and expand intensified TB case finding (ICF) as an on-going activity. This activity has been ongoing during the last quarter. An evaluation of the ICF rates will be conducted in mid-2011.
- **TB and ART co-management:** TB patients who are HIV positive were promptly referred from TB clinics/corners to ART clinics to have baseline CD4 testing done and assessed for eligibility for ART. ZPCT II staff mentored HCWs on the interpretation of chest-rays as part of the work up in the process of diagnosing TB. Plans are underway to procure more x-ray viewing boxes. This quarter, through the pharmacy unit, ZPCT II worked with district and facility pharmacy personnel to ensure strengthened commodity management and uninterrupted supply of TB drugs, among others.

ZPCT II staff trained and mentored health care workers in the management of TB and ART therapy, including the implementation of DOTS, clinical monitoring of clients for response and management of side effects. ZPCT II finalized the revision of the job aid on TB-ART co-management to align it to the new WHO and national guidelines for 2010. This will be printed and disseminated next quarter together with other job aids which are due for adoption by the ART Technical Working Group in line with the revised ART guidelines.

- **TB infection control:** All refurbishments being done in the ZPCT II facilities are operationalizing the WHO recommendations for TB infection control to ensure that there's good ventilation in the rooms. In addition, there is isolation and fast tracking of all those suspected to have TB from the general consulting areas to avoid infecting other patients. ZPCT II staff promoted cough etiquette (i.e. instructing patients to cover their mouths when coughing and cough away from people) so that this practice is adhered to both within the facility and in the community and at household level. In this practice, clients were encouraged to cover their mouth (when coughing) with the back of their arms/forearms or paper to minimize the spread of droplets to uninfected patients, members of the household/community or indeed health care workers.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory Services

ZPCT II supported 122 public facility laboratories this quarter. 91 of these laboratories are now fully operational with the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis, and an additional 31 performing minimal laboratory support. In addition, ZPCT II is supporting nine laboratories under the public-private partnership. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital: This quarter, the laboratory continued to function well in supporting the implementation of early infant diagnosis of HIV for the five ZPCT II supported provinces with to access DNA PCR laboratory consumables through the national system. In addition, as part of the required bi-annual maintenance procedures, the laboratory's two class II biosafety cabinets were successfully decontaminated, validated and certified for use by Air Filter Maintenance of South Africa.

3,819 DBS specimens were received from 270 facilities in 38 districts in the five provinces during the reporting period 3252 were from ZPCT II supported facilities in the five provinces and the rest from non-ZPCT II supported health facilities. Of all the samples received, 3,740 were tested, of which 385 were positive, giving a current crude positivity rate of 10.3%.

During this quarter, the laboratory experienced stock outs of the PCR Amplicor kits due to shortages at MSL. This resulted in a backlog, delayed testing of specimens and dispatch of results to facilities. However, once available, ZPCT II facilitated the collection of the kits from MSL and delivery of the kits to the laboratory for the February 2011 order to ensure that there were adequate supplies of the kits in the laboratory ensuring uninterrupted testing of the received DBS specimens.

The PCR laboratory continued to be part of the external quality control proficiency testing program run by CDC Atlanta. The laboratory received panels for the first quarter of 2011 cycle. The results were received and the laboratory scored 100% success. The next samples are expected in June of 2011.

- Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results: ZPCT II in collaboration with the MoH, CHAI and UNICEF, used the Short Message System (SMS) technology for sending HIV DNA PCR results to selected ZPCT II facilities as part of the ongoing pilot currently in phase II – ten active sites and five control sites. The existing software was successfully updated to improve results transmission to participating facilities. In Luapula province, UNICEF continued to support the pilot sites. During the quarter, the MoH together with partners developed plans to conduct the SMS pilot quantitative and qualitative evaluation. This SMS pilot evaluation will be completed by the mid-April 2011. The final decision on which system will be used for national roll-out will be made after analysis of the evaluation results.

This quarter, ZPCT II started encouraging hospital/clinic based collection points to channel all dry blood spot collections to their laboratories for quality verification, with the view of increasing accountability and improving the tracking of DBS samples. This approach will allow specimen quality to be determined on-site rather than at the PCR laboratory. Furthermore it will allow for the identification of training needs and will ultimately reduce on the number of rejected specimens at the testing laboratory. When results are ready laboratories have identified the need to also document results before they are dispatched to the MCH. This provides back-up records and also assists laboratories with vital statistics which may be used for forecasting and quantification exercises.

- Specimen referral system: The system was functional in 206 health facilities referring specimens to 80 facilities with CD4 equipment across 41 districts. This number increased during this quarter with five additional CD4 instruments being commissioned at Kasanda Clinic, Katondo Clinic, Makululu Clinic, Bwacha Clinic all in Kabwe District and Chitanda RHC in Chibombo District. The users received on-site training in the use of the instrument. ZPCT II monitored the usefulness and quality, as well as to strengthen the specimen referral systems.
- Internal quality control (IQC): This quarter, ZPCT II printed and distributed internal quality control forms to all laboratories under its support. These forms were used in the day-to-day IQC procedures in the laboratories and are filed as appropriate in each facility. The practice of documenting all quality

control activities ranging from daily entries of high, normal and low controls for chemistry and haematology and the documentation of temperature monitoring plus the capturing of all routine maintenance activities on all working equipment is steadily improving. Also, ZPCT II monitored the use of these forms and will further monitor supervisory review and corrective actions which are critical to the successful implementation of good clinical laboratory practices.

ZPCT II provided support to translate all SLMTA activities to all laboratories under its support and will take time to focus on implementation of quality system essentials as they are the fundamental building blocks to standard laboratories. So far Kasama General hospital which has received no SLMTA training has begun improving on its internal quality control practices and has fared well this last quarter. As quarterly commodity management training continues further emphasis is being laid on adherence to good documentation practices across all facilities regardless of whether they are in the first round of accreditation or not.

With guidance from the MoH, ZPCT II provided a generic quality assurance policy which laboratories will be asked to customize with the help of ZPCT II provincial laboratory technical officers and this will provide a standard base on which all quality assurance activities will be detailed. This is a major SLMTA requirement and so far has been introduced to Kitwe Central and Nchanga North Hospitals. The introduction of materials safety data sheets, the management and use of master files on which all laboratory working documents including SOP's and other quality manuals are filed have also been supported and will continue to be rolled out. In a bid to improve relationships between the clinical fraternity and the laboratory ZPCT II has assisted ADH with material for the clinician's handbook. This book details tests offered in the lab, working hours and reference ranges. ZPCT II was scheduled to support the finalization and printing of the rational use of lab tests document which has been outstanding for some time. This manual feeds into the Clinicians' Handbook and vice versa.

As SLMTA is an ongoing activity, Solwezi General Hospital received support on improvement projects such as the re-initiation of the laboratory tool which is to run side by side with the manual registers. The implementation of improvement projects (i.e. specific structured quality interventions in line with WHO-AFRO SLMTA guidelines) at Mansa and Kabwe General Hospitals are progressing well. It is worthwhile noting that some major improvement projects may only yield meaningful outcomes after a minimum of six months roll out but monthly follow ups are being made to ensure compliance.

The two SLMTA trained ZPCT II staff from the Copperbelt Province have further intensified their technical assistance by participating in SLMTA implementation committees at facility level during which they provide advice, stationery and other logistical support needed for Improvement Project (IP) implementation (i.e. structured quality interventions in line with WHO-AFRO SLMTA guidelines). The 90% achievement recorded by Ndola Central Hospital last quarter has been monitored by ZPCT II provincial officers to prevent complacency on the ground and ensure that sustainability of the status quo.

Intensified SLMTA interactions with Arthur Davidson Children's Hospital Laboratory, Kitwe Central Hospital and Nchanga North General Hospitals, have also characterized technical assistance activities this quarter. Overall, internal quality control practices are being monitored very stringently.

- External quality assurance: During this quarter, ZPCT II supported the MOH approved external quality assurance programs. The CD4 EQA was reviewed by ZPCT II technical staff routinely on all technical assistance visits and the current status still indicates that absolute value performance of facility laboratories is above average while that for percentage counts was poor. ZPCT II has consulted with the vendor on the stability and performance of the instrument as this was highlighted as a concern at the national CD4 EQA dissemination workshop in October 2010 and the feedback so far indicates that the preservative used by UKNEQAS may be having a negative effect on CD4 enumeration. This has recently been highlighted again by the vendor Becton Dickinson as the major challenge. Feedback from the MOH on the way forward is still awaited. In the meantime, ZPCT II provincial laboratory staff are focusing on the internal quality control for CD4 enumeration as this is one major way to guarantee quality apart from external monitoring. ZPCT II will continue to pursue the status of UKNEQAS CD4 percentage counts on the FACSCalibur with the MOH Chief Biomedical Scientist and the Director for

External Quality Assessments at the National Reference Laboratory and will also continue verifying routine CD4 control documentation.

ZPCT II has been actively following up HIV EQA and providing routine technical assistance visits review progress based on the feedback reports. However, feedback reports are not available in over 95% of ZPCT II supported facilities and this has been brought to the attention of the MOH and the National Reference Laboratory. Updated information on the status of feedback has still not been received. ZPCT II however, and in the absence of EQA feedback at the national level, will continue to support 10th sample QC and providing technical assistance on quality assurance particularly on kit storage, timing of testing, environmental temperatures and monitoring testing techniques. Follow up on external quality assessment of TB and malaria is also being routinely checked.

- Commodity management: This quarter, ZPCT II provided follow up for many stock outs and near stock out situations with either Medical Stores Limited or with SCMS. Further interventions such as the transportation of commodities to affected sites were facilitated by ZPCT II. The redistribution of stocks continues to be a routine activity during technical assistance visits when situations of overstock are identified at the facilities. Technical assistance to improve commodity management systems for laboratory services was provided in all its supported health facilities.
- Guidelines and SOPs: The new streamlined revised laboratory QA/QI tools were administered during the quarter. The MOH together with partners reviewed and finalized the draft EID laboratory guidelines. These guidelines include SOPs, EID quality assurance and PCR laboratory specifications guidelines. It is hoped that the final guidelines will be ready for dissemination next quarter ensuring standard quality of services across PCR laboratories in the country.
- Equipment: During this quarter, ZPCT II actively followed up on the status of laboratory equipment in its supported sites and the focus was on the functionality of CD4, chemistry and haematology analyzers as an ongoing activity. An outline of the follow-ups and the status of laboratory equipment can be found in *Annex J*.

Pharmacy Services

Technical support to pharmaceutical services in all the supported health facilities was provided including; provision of basic pharmacy equipment, furniture and renovations to enhance pharmaceutical service delivery.

- ARTServ dispensing tool: ZPCT II provided technical support to 73 facilities with the ARTServ dispensing tool. Furthermore, orientation in the use of the tool was conducted at a commodity management training held in Copperbelt Province and a total of 26 healthcare workers were trained.
- SmartCare integrated pharmacy module: In collaboration with CDC, MoH and USAID Deliver, ZPCT II monitored the performance of the SmartCare integrated pharmacy module. This module also collects patient level and stock movement information in support of the ART program. Networking for the integrated SmartCare was done at an additional seven sites and a total of 21 health workers were trained pending deployment of the system in those facilities. At the end of this quarter, a total of 12 facilities were using the tool and nine facilities are able to produce computerized reports to MSL while the rest are using the manual system.
- Commodity management: Technical assistance visits were made to strengthen commodity management systems in facilities offering ART services. This quarter, there were fewer facilities with stock imbalances on a few ARV drugs mainly as a result of delayed shipments, MSL pushed deliveries and facilities not stocked as planned e.g. Kasempa Urban Clinic. However, the situation was rectified by following up at provincial and district levels using feedback reports from LMU/MSL. ZPCT II facilitated the re-distribution of affected commodities among facilities with stock imbalances to alleviate the problem and assisted with transport from MSL where possible.

During the quarter, implementation of the new PMTCT guidelines entailed an increase in the use of Nevirapine suspension. The unit provided guidance and technical assistance on the use of the currently available product which was inadequate due to its bottle size and the stock levels. ZPCT II will

continue to monitor availability of a more appropriate pack size to dispense to mothers in support of the implementation of the new PMTCT guidelines.

The roll-out of the Essential Medicines Logistics Improvement Program (EMLIP), the system which was designed, piloted and fine-tuned by SCMS, began during this quarter. ZPCT II continues to collaborate with SCMS on this activity to facilitate its correct implementation in the sites it supports. In addition, ZPCT II technical staff will attend mop-up trainings to be held during next quarter to ensure that they are well versed with the system functionality.

During this reporting period, ZPCT II actively participated in national level activities centered on planning for various supplies including male circumcision supplies, and reproductive health and HIV/AIDS commodities security. The ZPCT II received supplementary instruments and consumables, including lignocaine, procured through SCMS for redistribution to the MC sites it supports. Monitoring the use of these commodities in relation to the number of male circumcision procedures done is underway in the facilities to ensure accountability and appropriate, rational use of the procured commodities.

- Good pharmacy practice: Routine technical assistance visits were conducted this quarter focusing on good pharmacy practice. ZPCT II distributed Pharmaceutical Regulatory Authority pharmacovigilance materials (registers and IEC) that were printed by ZPCT II as the needs were identified at the facilities during routine technical assistance visits. In addition, on the job orientations on the use of the registers and implementation of the pharmacovigilance program was done.

There was an increased uptake of fixed dose combination (FDC) formulations for pediatric ART in ZPCT II supported sites following the numerous orientations conducted in the use of the FDCs in all facilities and as a result of constant availability of the product. Furthermore, Stavudine suspension was phased out for use as a first line drug by the MOH and a memo from MoH on this was circulated to all facilities. Orientation was also given to facility staff on relevant medication use counseling, specific to the regimen switch, to ensure better patient outcomes. In addition, with guidance from the MoH the transition from using Tenofovir/Lamivudine FDC to Tenofovir/Emtricitabine for use as adult's first line regimen was also effected and at the point of dispensation of ARVs, clients were given adequate information and reassured of the potency and efficacy of the recommended product.

- Data management and supply chain: Technical assistance continued to be provided to address the concept of the report and requisition (R&R) and in general, all sites are doing well with regard to submission of reports. For the quarter, the reporting rate for the ARVs Logistics System as reported by SCMS was 92.8 % for ZPCT II sites.
- Guidelines and SOPs: The pharmacy SOPs currently in use are under review and the final draft has been extensively reviewed by all stakeholders before submission to MoH for approval next quarter. A presentation to the Deputy Director of Pharmacy Services at the MoH was done and awaiting a consensus meeting to conclude operations. Once the SOPs are approved, ZPCT II will support the MoH with the printing and dissemination of the documents.

The revised pharmacy services QA/QI tools were administered at ZPCT II supported sites this quarter following updates to the CSPro system to accommodate the changes made. An additional new tool was introduced to assess quality of services at non-ART dispensaries or pharmacies at ZPCT II supported facilities and was administered during this quarter.

2.2: Develop the capacity of facility and community-based health workers

Trainings

During this reporting period, HCWs and community cadres from ZPCT II health facilities attended capacity building courses in basic CT (20 HCWs and 20 lay counselors), CT refresher (20 HCWs and 20 lay counselors), and CT supervision (12 lay counselors). In addition, 97 health care workers and 25 lay counselors were trained in PMTCT, and 122 HCWs underwent refresher training in PMTCT.

127 HCWs were trained in ART/OI in the ZPCT II supported ART sites across the five provinces. In addition, 25 HCWs were trained in paediatric ART from Central Province and 26 HCWs were trained in male circumcision from Central, Copperbelt, Luapula, and North-Western Provinces. Also, 25 community cadres attended refresher courses in adherence counseling.

ZPCT II also trained 26 HCWs in ART commodity management, and 31 HCWs in equipment use and maintenance in the supported facilities.

Basic PMTCT, CT and ART and OI management technical trainings included a module on monitoring and evaluation as well as post-training, on-site mentorship to ensure that the knowledge and skills learnt is utilized in service delivery in the different technical areas. A complete list of all training courses conducted this quarter is outlined in *Annex G*

2.3: Engage community/faith-based groups

ZPCT II provided support to community based volunteers who complement the work of HCWs in the health facilities by providing counseling and testing, PMTCT and adherence counseling services in the five provinces in an effort to increase the demand for HIV/AIDS services within the supported communities' catchment areas. A total of 1,553 volunteers are active in 349 facilities where these volunteers are placed. This quarter, volunteers received mentoring and administrative support for them to continue their role of staff supplementation in prevention, care and treatment services in the health facilities.

During the reporting period, ZPCT II implemented the new approach of having each community volunteer spend one day in a week for community outreach activities with the view to increase demand for HIV/AIDS services in the facilities. With the M&E reporting system in place, an improvement was noted of community efforts being documented and reported. This trend is expected to improve as the volunteers and facilities improve on the documentation of community efforts. This quarter, a total of 7,721 (3,358 males, 4,363 females) referrals were documented to have been done by the volunteers. Of these, 5,976 individuals (3,058 males and 2,918 females) were for CT, 1,445 for PMTCT, and 300 for MC.

The community team held its semi-annual unit meeting early in the quarter to share, among other things lessons learned in the implementation of community efforts, review the previous year's performance and also to share best practices from other provinces. The meeting was composed of all provincial community mobilization staff and representation of all ZPCT II Senior Provincial Program Officers (except for Central Province). The unit also took the opportunity to discuss and share the unit M&E plan for any possible challenges in rolling it out and best strategies to work with the community volunteers. At the same meeting, other administrative issues and team building strategies were shared with the team.

This quarter, the unit's monitoring and evaluation plan was approved and rolled out in the five provinces to improve on program implementation reporting systems and ensure systematic flow of data reported. The M&E advisor for the unit undertook technical assistance visits in all the provinces to provide assistance to the provincial staff and some community volunteers. The next steps are to have some of the unit indicators incorporated into the ZPCT II mainstream database and develop another database for other general program monitoring indicators so as to ensure quality and timely reporting within the unit.

ZPCT II conducted several trainings for its community volunteers. Thirty traditional birth attendants (TBAs) were trained in the promotion of PMTCT in Luapula Province. It is expected that these TBAs will conduct community outreach to encourage expectant mothers to deliver at the health facility and access PMTCT services and also for HIV positive mothers to join mother support groups for peer support to promote adherence to protocols for prevention of mother to child transmission after delivery.

During the quarter, ZPCT II worked with community volunteers and neighborhood health committees in mobilizing and creating demand for MC services around ZPCT II supported facilities. However, there were no specific campaigns targeted at MC only but rather MC was integrated into the mobile CT activities. Further, door to door campaigns and referrals were done by the community volunteers to increase demand. Of the 300 referrals done by the volunteers to MC sites, 42 clients reached the facilities and accessed the services.

Zambulances

Monitoring of the Zambulance usage has been a challenge in most facilities this quarter. Limited reports indicate that the Zambulances are still being used, but only 55 beneficiaries have been reported this quarter. The stationing of the Zambulances in the communities rather than at the health centre seems ideal in terms of benefiting the community but presents a huge challenge of reporting on usage. However, ZPCT II has developed a strategy of setting up Zambulance committees. It is hoped these will assist to improve recording and reporting on the usage of Zambulances. These committees will be linked to the facility focal point persons (community volunteers in charge of data) so that Zambulance data can be more consistently reported.

Mobile CT

This quarter, ZPCT II provided mobile counseling and testing services in four provinces, including: Central, Copperbelt, Luapula and North-Western. The promotion of male circumcision was integrated during the mobile CT community mobilization activities. Drama groups in the various areas were engaged to mobilize communities to access CT services and to understand the importance of male circumcision for HIV prevention. Sensitization was done through drama, songs, dance and public announcements. A total of 5,478 individuals (2,447 males and 3,031 females) were reached through drama, songs and dances, door to door visits, and public address announcements.

A total of 2,851 individuals (1,581 males and 1,270 females) were counseled and tested for HIV with 181 clients (80 males and 101 females) testing HIV positive. As a standard practice, all positive clients were referred to their respective health facilities for further management.

Youth counselors provided youth friendly health services to 4,647 youths (2,251 males and 2,396 females) who were reached with messages on HIV/AIDS, STIs, safer sex, male circumcision, unwanted pregnancies, drug abuse, positive living and life skills. This was done through open discussions, drama, sports and counseling. Most of these efforts are being reported from Central province.

A list of mobile CT services conducted during the quarter is provided in *Annex I*

Referral Networks

ZPCT II collaborated with the PMOs, DMOs, District Aids Task Force (DATFs), and other partners in the five provinces to strengthen district-wide referral networks. During the reporting period, 16 referral meetings were held across the five provinces with the support from ZPCT II. Other districts like Serenje in Central provinces have taken the lead in holding their own referral meetings with very minimal support from ZPCT II. Based on a checklist of functionality that was developed this quarter, the 35 districts that were functional in the previous quarter have maintained that status and two that were weak have moved to functional making a total of 37 functional districts. Three districts are being reported as weak (two in Luapula, and one in Copperbelt), and one new site Mumbwa is inactive and the team is yet to establish a referral system. The networks have continued to facilitate the systematic and formal link of HIV/AIDS related support services and ensure that clients access available services.

Fixed Obligated Grants

Thirty applicants have been shortlisted from the 153 applications received in the last quarter. This quarter, ZPCT II conducted pre award assessments for 23 applicants from Copperbelt, Central and North-Western Provinces. These assessments focused on site visits to applicant's offices, reviewing their financial reporting systems, program reports, and ascertaining the capability and/or risks to carry out fixed obligation grants. Pre-award assessments for remaining seven applicants from Luapula and Northern Provinces will be conducted next quarter.

In the next quarter, submissions for final review and approval for the 30 selected applicants will be forwarded to Panel B. Once approved by Panel B, the scope of work will be drafted and pre award orientation will be conducted by the ZPCT II team.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

During this reporting period, ZPCT II provided support in integrating HIV/AIDS into MOH health care services such as reproductive health (RH), maternal, newborn and child health (MNCH) services, as well as malaria. Health care workers in the MNCH departments were trained in PMTCT, CT and family planning to enable them to provide these services as part of the regular MNCH services. In addition, members of staff at the DMO and PMO who were identified as needing training in some of the technical areas were included in the trainings. Five supervisors at facility level were trained in PMTCT and ART. This was found to be necessary to help them with the mentorship process at health facility level. ZPCT II staff conducted joint technical support visits to health facilities with the DMO/PMO staff

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

USAID approved the ZPCT II gender strategy this quarter. Following the approval of the gender strategy, an implementation plan was developed to guide the implementation of activities. Gender activities which include promoting male involvement in PMTCT, couple counseling and to a lesser extent screening for gender violence are ongoing at the service delivery points in ZPCT II supported facilities. The gender sensitization workshops for PMO, DMO and ZPCT II staff commenced this quarter and were spearheaded by the gender specialist who was hired in January 2011. The workshops have been held for ZPCT II Lusaka, Central and Copperbelt staff. These gender sensitization workshops also targeted PMO and DMO staff in Central and Copperbelt Provinces. Similar workshops for PMOs, DMOs, and ZPCT II staff will be conducted in the other provinces next quarter. The aim of the gender sensitization workshops is to enhance the understanding of gender issues in relation to HIV/AIDS and to improve the capacity of ZPCT II staff and PMOs/DMOs to integrate gender approaches and activities into programming for gender responsive HIV/AIDS service delivery in HIV/AIDS. It is also aimed at facilitating understanding of the ZPCT II gender strategy by ZPCT II staff and PMOs/DMOs. The sensitization workshops have raised a number of issues at community, facility and policy level that need to be addressed to ensure gender responsive HIV/AIDS service delivery. The issues identified during the gender sensitization workshops and subsequent recommendations have been documented and shall be used to improve planning and programming both at community and facility level. A date is yet to be set for launching the ZPCT II gender strategy.

Review of the ASW training manual for inclusion of the gender module is ongoing and will be completed next quarter. Review of MoH supervisory tools to include gender sensitive indicators, are also ongoing and will be completed next quarter. During the next quarter, ZPCT II will start discussions with MoH on incorporating gender issues in the other HCW training packages. ZPCT II will lobby, through the MoH Technical Working Groups (MoH/TWG), to obtain MoH endorsement for inclusion of the gender modules in MoH training packages for all relevant technical areas in the next and subsequent quarters.

This quarter, ZPCT II Lusaka technical unit provided technical assistance to provinces to replicate couples oriented counseling and testing, and facilitated the re-organization of client flow in antenatal/PMTCT rooms to accommodate male partners of women attending these services.

ZPCT II also explored the possibility of current applications for grants for community mobilization to plan and implement activities that address the gender dimension of HIV/AIDS transmission and prevention.

3.3: Increase the problem solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

The SI unit has continued to work with the MoH at facility level in mentoring health care workers to use QA/QI data to improve quality of service delivery in areas noted to in the national SOPs and guidelines. Health care workers from all ZPCT II sites are also being mentored to triangulate QA/QI data with the routine service statistics collected on a monthly basis. Additionally, quarterly feedback meetings, attended by facility and DMO staff, are held at district level to discuss data trends and use these to influence decision making at both health facility and DMO level.

During the last quarter, the SI unit collaborated with CDC, MOH, JHPIEGO and NAC to develop a curriculum for a data analysis training course meant to enhance the data analysis skills of DHIOs. The first Training of Trainers meeting will be conducted during the next quarter. This activity is directly aimed at building problem solving capacity among DMO staff

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

In the previous quarter, ZPCT II carried out a pilot assessment on the Copperbelt Province using the OrgCap, a management diagnostic tool for measuring management capacity and performance of PMOs and DMOs. In this reporting period, the Capacity Building team led two teams of PMO staff in implementing the assessment tool on 4 and 3 District Medical offices in North-Western and Luapula Provinces respectively. The assessment was conducted in the management areas of Finance, Human Resources, Planning and Governance. Assessment findings provide a baseline from which capacity building efforts (trainings, job aids, and mentorship) will be measured. Currently, findings are being used to develop tailored and standardized capacity building training programs. Assessment findings for the assessed districts have been documented in assessment reports which have been shared with PMO staff who implemented the assessments for final review and approval before submission to MoH.

ZPCT II attended an all-inclusive capacity building stakeholders meeting chaired by Adam Lagerstedt, MoH Permanent Secretary Advisor. The coordination meeting was arranged to help create a platform on which partners can collaborate and exchange capacity building knowledge and tools. Mr. Lagerstedt hopes to spearhead more formal collaboration meeting among partners on PMO and DMO capacity building activities through the technical working group.

This quarter, the candidate for the Senior Capacity Building Advisor position was offered the job and is expected to start work next quarter on 4th April 2011.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

During the reporting period, ZPCT II supported the private sector sites with capacity building activities taking place in various technical areas. 18 HCWs were trained from the private sector; five in adult ART, four pharmacy logistics, five in PMTCT, three in laboratory equipment use and one in male circumcision. ZPCT II provided technical support and mentoring on counseling and testing, PMTCT and provision of clinical care/ART and MC services. ART and QA committees were formed at Hilltop Hospital in Ndola and orientation on revised 2010 adult and pediatric ART as well as PMTCT guidelines have been conducted in most sites. Data collection tools (MoH registers) have been distributed and are currently in use and data is being collected while this activity will be completed next quarter in Central Province.

This quarter, six sites have been identified as potential sites for private sector in year three. Assessments will follow next quarter.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II collaborated with Ndola DMO and Kitwe DMO to provide technical support towards service integration with the community Home Based Care programme for Ndola Diocese both in Ndola and Kitwe districts. ZPCT II continued to provide technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers respectively. During this quarter, 82 new clients were initiated on ART and 494 old clients were reviewed.

IV. STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and Evaluation (M&E)

The ZPCT II Strategic Information (SI) unit provided M&E technical support to the ZPCT II supported health facilities. Specifically, the team provided technical support to ART sites using the SmartCare system in database management including support to the SmartCare pharmacy module. This support included distribution of procured SmartCare stationery for ZPCT II supported ART services sites and review of completeness of client records in the database. The SI team finalized the development and supported the roll-out of the newly developed MC and CHC checklist databases to supported sites as needed. In addition, the team provided technical support to managing operation of the Web2SMS Technology and the use of the GPRS modems in data collection at sites equipped with the modems.

During the quarter under review, the unit facilitated the M&E component of the model sites training. Following the model sites training, provincial M&E officers directed technical support to participating model sites to ensure agreed M&E updates are immediately implemented. The SI unit also held its semi-annual unit meeting from 14-18 February 2011 in Ndola at which all the unit staff attended.

The ZPCT II M&E procedures manual was also updated to include data sources for additional PEPFAR and gender indicators. During the quarter, M&E officers and data entry clerks were oriented in these new and additional indicators and proceeded to collect data for the semi-annual period October 2010 to March 2011 as required.

This quarter, the unit successfully conducted data audits from 14-25 March 2011 across all the five ZPCT supported provinces, covering 100 facilities. Following the data audit, any mistakes in the monthly reports were noted and corrected.

As part of its staff development plan, two members of staff attended training in SQL Server 2008 at 2KO international in Cape Town, South Africa. The SQL Server 2008 training comprised of three modules, so one of the members of staff only attend two modules while the other attended all the three modules.

Quality Assurance and Quality Improvement (QA/QI)

The updated QA/QI tools for PMTCT, CT, laboratory, pharmacy and monitoring and evaluation were finally implemented in the supported sites during the quarter. Field staff were oriented in the new tools and the corresponding updated software which was later used for data entry and analysis. The new ART/CC QA/QI tools will be implemented in the 2nd quarter of 2011.

ZPCT II conducted a QA/QI orientation workshop for HCWs and managers from the PMO, DMO and health facilities from 9th to 11th February, 2011 in Kabwe. The purpose of the training was to orient HCWs and managers on the QA/QI concepts and methods. Our target groups were District Medical Officers, Medical Superintendents, Provincial Performance Improvement Approach (PIA) focal point persons, District ART Coordinators, District Performance Improvement Approach (QA/QI) focal point persons and Facility ART focal point persons. This was in an effort to improve the QA/QI processes and eventually improve the quality of health care services to clients. A total of 19 HCWs from 15 different facilities attended the training.

Administration of QA/QI tools

This quarter, QA/QI questionnaires were administered in eligible ZPCT II supported sites in all technical areas: ART/clinical care, PMTCT, HIV CT, laboratory support, pharmacy support and M&E. The generated reports provided a basis for developing quality improvement plans for identified priority areas.

ART/clinical care

ART provider and facility checklists were administered in 116 reporting ART sites during the 1st quarter of 2011. The main findings following the ART/Clinical care service quality assessments were noted as follows:

1. Most facilities were not routinely using SmartCare reports. A number of reasons were advanced for this as follows:

- lack of orientation for clinical staff in the SmartCare database systems and the different reports that can be generated by the SmartCare system,
- health care workers are not requesting and using SmartCare reports
- incompleteness of SmartCare databases at some supported sites.

Actions taken included:

- SmartCare orientation for clinical staff and data entry clerks,
- mentoring staff on the importance of using SmartCare reports,
- Verify quality control for data entry is done by DEC's onsite.

1. A number of facilities reported a lack of routine immunological monitoring of patients as per standard in the national guidelines as a priority problem.

Some reasons advanced for this are as follows:

- stock out of EDTA bottles centrally from MSL, too many patients needing CD4 monitoring,
- failings in sample referral system,
- inadequate laboratory staff, stock out of reagents centrally from MSL,
- clinicians not actively requesting for six monthly CD4 tests,
- limited number of CD4 lab days and sample quotas allotted for ART clinics
- human resource constraints.

Actions taken include:

- strengthening sample referral systems,
- increasing the number of motorbike riders,
- provided hands on mentorship during clinical meetings, with focus on the importance of CD4 monitoring for ART providers
- mentoring data entry clerks to generate CD4 monitoring reports.

2. Inadequate space for the ART clinic and no defined space were noted to be of importance in the ART/Clinical care quality assessment. Reasons for this were as follows:

- increase in the demand for ART services
- limited space for ART clinics
- lack of integration of the ART service in the OPD systems at the rural health centers.

Actions taken included:

- engaging facility managers and DMO in joint problem-solving,
- where possible, to create more space for ART services
- where feasible, proposals to make amendments to facilitate expansion of existing ART clinic spaces. However, most facilities do not have room for expansion.

CT/PMTCT

The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 260 CT and PMTCT sites. The main findings following the CT/PMTCT quality assessments were noted as detailed below.

1. Stock-outs of HIV kits during the quarter caused mainly by:

- incompleteness of records in Daily Activity Registers (DAR),
- untimely ordering of HIV test kits by facility staff,
- late or no delivery of HIV test kits by MSL,
- late ordering of test kits from the district pharmacy by facility staff.

Actions taken included:

- mentoring of staff on the importance of updating the daily activity register
- following up on test kits with DMOs,
- mentoring facility staff in appropriate and timely ordering of test kits and correct use the requisition forms for supplies to minimize queries from MSL.

2. Non-availability of counselor supervisors. Reasons advanced for this included:

- high staff turnover in facilities,
- new sites had no counselor supervisors trained in supervision,
- newly trained lay supervisors were not yet certified
- lack of trained supervisors.

Actions taken included:

- training more counselor supervisors in some affected facilities,
- continued follow-ups on counselor supervisors to conduct monthly supervision,
- facility in-charges and counselor supervisors encouraged to conduct routine meetings
- Certification for newly trained lay providers.

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 70 sites.

1. In general, the laboratory quality assessment findings indicated the following:

- lack of liver function testing reagents (ALT and AST)
- lack of internal quality control testing system
- lack of first aid kit sets and fire extinguishers.
- low stocks of reagents caused by underestimation of requirements by facilities which affected the routine performance of quality control processes because of inadequate reagents.

Actions taken included:

- follow up on the implementation of first aid kits
- procurement and distribution of fire extinguishers.

2. The assessment showed that a number of laboratories did not have biohazard signs in place. Reasons advanced for this were as follows:

- the improvised signs had fallen out,
- facilities did not receive sufficient numbers of signs as required
- facilities have not sourced for the bio-hazard symbols.

Actions taken included:

- include cost of printing biohazard signs in DMO recipient agreement budgets to facilitate printing of these.

3. Several laboratories did not use or have accident occurrence reporting books. Reasons advanced for this position include:

- The fact that some laboratory registers were used as books because they were not labeled
- General lack of appreciation of reporting laboratory accidents in writing.

Actions taken included:

- distribution of the reporting books and mentoring staff on their intended purposes
- follow ups on the implementation of the accident occurrence books.

Pharmacy

The pharmacy QA tool was used for quality monitoring in 73 sites. T

1. The main findings following the pharmacy quality assessments were noted as follows:

- absence of air conditioners or existing but non-functional air conditioning systems in the ARV bulk stores. This was mainly caused by some old air conditioning equipment that may need replacement and in some sites new equipment awaiting installation. Old and defunct air conditioning equipment was identified and quick installation of the air conditioners was facilitated in the field.
- Some facilities keep products on the floor because pallets in the recipient agreement have not been procured yet.

- Some facilities do not have ARV national treatment guidelines on site because the ARV treatment guidelines that were distributed have since been misplaced.

Actions taken included:

- program unit requested to follow-up with the procurement of the pallets meant for the facilities as provided for in the recipient agreements.
- clinical care unit requested to source and replace the missing hard copies of ART treatment guidelines

Guidelines and SOPs: The pharmacy SOPs currently in use are under review and the final draft has been extensively reviewed by all stakeholders before submission to MoH for approval next quarter. A presentation to the Deputy Director of Pharmacy Services at the MoH was done and awaiting a consensus meeting to conclude operations. Once the SOPs are approved, ZPCT II will support the MoH with the printing and dissemination of the documents.

Monitoring and Evaluation (M&E)

- The M&E QA tool, which assesses record keeping and information management, was administered in 234 facilities. The main findings were: A number of facilities reported a lack of lockable cabinets for patient files and registers. It was noted that despite these items being procured, an increase in the number of clients had significantly contributed to problem of space for the records.
- Some ART sites did not have up-to-date SmartCare databases and the related Pre-ART and ART Registers. This was mainly attributed to breakdown of SmartCare computer and health care workers being overwhelmed with the work of updating ART records

Actions taken included:

- strategic information unit initiated the follow-up process with the programs department to hasten the procurement of the lockable cabinets to ensure confidentiality and that good record keeping practices are maintained
- IT and M&E unit to facilitate the replacement of broken down computer equipment
- provision of on-site mentorship in the documentation of events in the Pre-ART and ART registers to newly recruited data entry clerks.

District Graduation and Sustainability Plan

The total number of graduated districts remained at 15 the end of March 2011 with 5 districts (Serenje, Chiengi, Kawambwa, Solwezi and Mporokoso) planned for graduation in the 2nd quarter of 2011.

A complete list of the graduated districts is available in *Annex E*.

KEY ISSUES AND CHALLENGES

National level issues

▪ **Critical shortage of staff in health facilities**

Staff shortage at the facility level is an ongoing issue across all five provinces, especially in the rural health centers where staffing levels are much lower. To assist the MoH address this challenge, ZPCT II continues to support task shifting initiatives such as training and placing community volunteers in all the facilities it supports; collaboration with MOH and GNC in a pilot of training of HIV nurse prescribers as well as supporting transport reimbursements for health care workers who work extra shifts when off-duty. Other measures include lobbying the PMOs and DMOs to ensure staff are made available as a pre-condition for ZPCT II purchasing expensive laboratory equipment.

▪ **Supply chain issues**

It was noted that there were times that insufficient quantities of reagents and commodities were being delivered by Medical Stores Ltd (MSL) as well as delays in delivery by Medical Stores Ltd (MSL) continued to affect availability of DBS kits needed for early infant diagnosis. During the quarter, a nationwide shortage of EDTA containers was experienced, and this negatively impacted on the numbers of CD4 tests conducted. However, stock was received toward the end of the quarter and the situation should normalize next quarter.

- **Renovations**

Demand for HIV /AIDS services is outstripping available space in existing health infrastructure which has not and will not likely expand in the short-to-medium term. The government of Zambia GRZ is not financially supporting expansion of existing infrastructure. ZPCT II support is limited to minor renovations since PEPFAR funding does not allow construction. However, the ZPCT II will continue to support limited renovations.

- **Stock outs of NVP suspension**

Following the distribution of the new PMTCT guidelines and orientation of the facility staff during this quarter, several of the supported facilities reported experiencing stock outs of NVP suspension for the HIV exposed infants after starting to implement the new guidelines. The demand for NVP suspension increased compared to what was initially quantified for at the national level. The stock levels of NVP suspension in the facilities during the quarter were based on ARVs quantifications that did not take into consideration the changes in the new guidelines. Revisions of the ARVs quantifications were done at national level during the quarter and it is hoped that the situation will improve in the coming quarters. ZPCT II participated in the quantification meetings.

- **Accreditation of ART sites**

Accreditation of ART sites was temporarily halted by the Medical Professions Council of Zambia until after they have conducted a re-orientation of the assessors on the accreditation guidelines. This is finally planned for next quarter in mid May 2011.

- **Revision of clinical care/ART QA/QI tool:**

The ART QA/QI tools were successfully revised in line with the new guidelines. The newly revised ART QA/QI tool places stronger emphasis on patient case file reviews and review of SmartCare records.

- **Revision of clinical care/ART job aids :**

Most ART sites have outdated CC/ART job aids. ZPCT II has developed revised job aids that are due for adoption at the ART technical Working Group (TWG) next quarter together with others from collaborating partners.

ZPCT II- programmatic challenges

- **Disposal of medical waste**, including incineration of sharps, laboratory and other waste is a challenge in some facilities because of the lack of running water, incinerators, and septic tanks/soak ways. Use of pits is not ideal as they are too shallow and poorly located. Facility staff are encouraged to adhere to appropriate disposal of medical waste, including advice on appropriate depth, location of pits and lining of pits with impervious polythene sheeting.

- **CD4 sample referral and laboratory maintenance**

A number of issues continue to pose logistical challenges in the sample referral system and laboratory equipment maintenance and repair. This includes shortage of motorbike riders, timely access to fuel, laboratory equipment breakdown, including motorbike breakdowns and delays in repairs and return to facilities after repair. However, repair of equipment remains a challenge because there are few experts in Zambia that can repair these machines.

Major challenges have been noted in some facilities in the Copperbelt and Luapula Provinces where the breakdown and delayed servicing of motorbikes significantly affecting CD4 specimen referral. Approximately 1,300 samples from 28 centers have not been tested due to the non-availability of transport to deliver samples to the referral laboratories. This is also affecting CD4 count access for HIV positive pregnant women.

- **Reagent stock outs**

There were intermittent stock outs of CD4 reagents. An improvement was noted compared to the previous quarter. Reasons for the stock outs included incorrect compilation (in some facilities, staff were including expired stocks in the stock on hand calculation which in turn is misrepresentative of the actual usable stock-on hand, thus affecting resupply) and late submission of usage reports by health

facilities, staff shortages to complete monthly usage reports, and poor knowledge of the ordering system with new staff. ZPCT II is working with the health facility staff in addressing this issue through on site orientation and training.

- **Early infant diagnosis (EID)**

Gaps in the ordering system at facility level affected availability of DBS kits needed for early infant diagnosis. This quarter, it was noted that many facilities were still ordering the kits using the old ordering procedures. ZPCT II technical staff provided technical assistance to facility staff to ensure correct ordering procedures are adhered to following the MoH directive to incorporate the ordering of DBS bundles into the national laboratory commodities logistics system.

There are still a few challenges with the turn-around time for DBS mainly for the UNICEF supported SMS system, which is still experiencing delays because results are delivered directly to health care workers HCW's phones. These phones may not be readily accessible to ensure onward transmission of results to patients.

Only four out of 17 HCWs trained in PCR techniques are actively providing services on a rotational basis at ADCH in the PCR laboratory. The reasons for this vary from people being transferred to other districts, some going back to pursue their studies, and others still citing competing priorities as the challenge. ZPCT II has planned to train additional staff to increase the pool of people available to provide services to reduce the strain of staff currently providing services in the laboratory

- **Commodity stock outs**

Brief stock outs of commodities were experienced this quarter mainly because of delays in health facilities submitting orders to Medical Stores Ltd. The commodities affected include: selected ARV drug formulations, notably Nevirapine 200mg tablets, Nevirapine pediatric formulation and Abacavir 300gm tablets. ZPCT II worked with MoH and other partners to ensure that the new ordering system was working efficiently and that the facility staff adhered to the guidelines.

- **Internal quality control**

Challenges with access to stationery for the implementation of the IQC program were noted in some facilities. For example, Ndola Central Hospital, Nchanga North General Hospital and Arthur Davidson Children's Hospital reported not having adequate box-files for appropriate filing of each of the forms for IQC. Adequate stationery has been budgeted for by ZPCT II to ensure smooth implementation of IQC, and facilities affected have been encouraged to order using the appropriate procedures.

- **Inconsistencies in documenting services**

This was noted in the retesting and the mother baby follow-up registers. ZPCT II worked with HCWs to address the challenges with documentation of services through ongoing technical assistance to the facility staff. Regular staff rotations usually mean reorienting new staff on how to document services.

- **Male circumcision services**

Scaling up of male circumcision in the facilities is ongoing but affected by human resource shortages, with HCWs having many competing priorities. In addition during last quarter, there were some challenges with the supply of Lignocaine, which affected the MC statistics but this later improved when the supplies that were ordered by JSI arrived in the country and were distributed to the facilities. ZPCT II is continually engaging MoH at all levels to ensure that MC activities are also prioritized in the health facilities and ensuring that provincial, district and facility staff have copies of and understand national policy documents and guidelines. It is hoped the new Focal Point Person at national level will create the needed momentum towards integrating MC services into facility health services.

- **Web2sms technology**

Operationalization of the web2sms innovation began in the 22 selected health facilities and has continued to be strengthened in this quarter. Appreciation and "ownership" of the value of pilot at facility level by HCWs has been somewhat slow. The provincial ZPCT II technical staff are re-orientating the health facility staff on the web2sms system in order to improve performance through utilization and ownership.

- **HIV nurse practitioner**

The mentors in Zambezi District (North Western Province), Serenje and Kapiri District (Central Province) are still not available to provide guidance to the trainee nurses under this programme. In the interim, ZPCT II technical staff provided back up support to the nurses and will continue to do so next quarter when the mentorship for the current group comes to an end. However, other potential mentors have been identified who will be groomed to become mentors once the mentorship for the current group comes to an end.

DELIVERABLES FOR THIS QUARTER (January – March 2011)

- SF1034 (Invoice)
- SF425 (quarterly financial report)

V. ANTICIPATED ACTIVITIES FOR NEXT QUARTER (April – June 2011)

- ZPCT II will hire training consultants to develop and implement management training packages for staff at PMOs and DMOs
- ZPCT II will conduct two financial management trainings for PMO and DMO staff in Luapula and Northern Provinces
- ZPCT II will share capacity building assessment findings with MoH for purposes of updating them on progress.
- The HIV re-testing in PMTCT operational study will be initiated next quarter once approval has been given by the MoH
- ZPCT II will initiate discussions with MoH on wider implications of implementing the ZPCT II gender strategy in MoH facilities in light of what GRZ is proposing through the National Plan of Action on Gender Based Violence (2010-2014) and National Plan of Action to reduce HIV infection among women and girls (2010-2014)
- ZPCT II will initiate assessment of the private sector sites for year three

A summary of the plans for the next quarter (April – June, 2011) is provided in *Annex K*.

VI. TRAVEL /TDY for this quarter (Jan.–Mar., 2011) and next quarter (Apr.–Jun., 2011)

Travel this Quarter (January – March 2011)	Travel plans for Next Quarter (April – June 2011)
<ul style="list-style-type: none"> ▪ Kellock Hazemba (FHI Regional Senior F&A Advisor) traveled to Zambia for technical support to the ZPCT II program from February 27 – March 3, 2011 ▪ Deputy Chief of Party and dependent travelled to Nepal (R&R) from January 20 – February 19, 2011 ▪ Kasimona Sichela, Data Manager for ZPCT II, attended the SQL server training from January 30 – February 5, 2011 in Cape Town, South Africa ▪ Cecilia Chitambala, Senior MIS Technical Officer, travelled to Cape Town, South Africa to attend the SQL Server 2008 training from January 24 – February 18, 2011 ▪ Chilunjeimba, PCR Laboratory Manager attended a one week refresher Molecular Biology course at Inqaba Biotech in South Africa from February 21 – 25, 2011 ▪ Dr. Prisca Kasonde, Director Technical Support attended a regional interagency experts consultation on advancing elimination of MTCT of HIV for improved maternal and newborn health in Nairobi, Kenya from March 14 – 18, 2011 ▪ Chief of Party travelled to the USA to attend the FHI Global Leadership Meeting from March 24 – April 3, 2011 	<ul style="list-style-type: none"> ▪ Bridget Chatora, Technical Officer Laboratory Services to attend Good Clinical Laboratory Practice (GCLP) training provided by DAIDS in Durban, South Africa from 9 – 14 May 2011 ▪ Kellock Hazemba (FHI Regional Senior F&A Advisor) traveling to Lusaka to provide technical support to the ZPCT II program ▪ One TA visit by Hare Ram Bhattarai to support the roll out of the MSH developed ARV dispensing tool integrated into SmartCare, fine tuning of the tools, and assist with further re-design of the laboratory MIS tool ▪ One technical staff to attend the HIV INTEREST meeting in Dar-es-Salam, Tanzania in May 2011 ▪ Two technical staff to attend management training in South Africa ▪ Justin Mandala from FHI HQ to provide TA in PMTCT to the ZPCT II program pending USAID approval ▪ Michael Welsh to relocate to Zambia as the new COP ▪ Catherine Thompson to leave Zambia (FHI funding)

ANNEXES

ANNEX A: ZPCT II Project Achievements August 1, 2009 to March 31, 2011	31
ANNEX B: ZPCT II Supported Facilities and Services	34
ANNEX C: ZPCT II Private Sector Facilities and Services	48
ANNEX D: ZPCT II ART Sites (As of March 31, 2011)	49
ANNEX E: ZPCT II Graduated Districts (As of March 31, 2011).....	52
ANNEX F: ZPCT II Signed Recipient Agreements/Subcontracts/MOUs.....	54
ANNEX F: ZPCT II Training Courses and Numbers Trained (Jan. – Mar. 2011).....	56
ANNEX H: Meetings and Workshops this Quarter (Jan. – Mar., 2011).....	57
ANNEX I: Mobile CT Data January – March 2011	61
ANNEX J: Status of Laboratory Equipment (January – March 2011).....	62
ANNEX K: Activities Planned for the Next Quarter (January – March, 2011)	64

ANNEX A: ZPCT II Project Achievements August 1, 2009 to March 31, 2011

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–Mar11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Mar 11)	Targets (Jan –Dec 2011)	Achievements (Jan – Mar 2011)	Male	Female	Total
1.1 Counseling and Testing (Projections from ZPCT service statistics)								
	Service outlets providing CT according to national or international standards	370	341 (+ 9 private sites)	349	341 (+ 9 private sites)			341 (+ 9 private sites)
	Individuals who received HIV/AIDS CT and received their test results	728,000	649,107	275,000	130,768	59,333	71,435	130,768
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ³	1,300,000	942,192	415,000	184,679	59,333	125,346	184,679
	Individuals trained in CT according to national or international standards	2,316	866	438	40	23	17	40
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	332 (+ 8 private sites)	318	332 (+ 8 private sites)			332 (+ 8 private sites))
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	293,085	140,000	53,911		53,911	53,911
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	35,971	15,000	5,633		5,633	5,633
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	2,190	968	219	42	177	219
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	341 (+ 9 private sites)	349	341 (9 PPP sites)			341 (+ 9 PPP sites)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ⁴	560,000	190,296	170,000	181,968	71,256	110,712	181,968
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	14,385	13,617	13,378	6,929	6,860	13,378
	Individuals trained to provide HIV palliative care	3,120	1,123	505	152	74	78	152

³ Next Generation COP indicator includes PMTCT

⁴ **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–Mar11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Mar 11)	Targets (Jan – Dec 2011)	Achievements (Jan – Mar 2011)	Male	Female	Total
	(excluding TB/HIV)							
	Service outlets providing ART	130	130 (+ 9 private sites)	132	130 (+ 9 private sites)			130 (+ 9 private sites)
	Individuals newly initiating on ART during the reporting period	115,250	50,767	24,000	8,267	3,414	4,853	8,267
	Pediatrics newly initiating on ART during the reporting period	11,250	3,989	1,922	627	308	319	627
	Individuals receiving ART at the end of the period	146,000	129,225	104,200	129,225	51,413	77,812	129,225
	Pediatrics receiving ART at the end of the period	11,700	8,839	7,502	8,839	4,454	4,385	8,839
	Health workers trained to deliver ART services according to national or international standards	3,120	1,123	505	152	74	78	152
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	341 (+ 9 private sites)	349	341 (+ 9 private sites)			341(+ 9 private sites)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	9,176	4,200	1,123	676	447	1,123
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1,123	505	152	74	78	152
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	8,493	6,146	979	592	387	979
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	50	27	37	27			27
	Individuals trained to provide MC services	260	162	85	26	21	5	26
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	2,924	1,000	660	660		660
2.1 Laboratory Support (Projections from ZPCT service statistics)								
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	91 (+ 3 private sites)	111	91 (+ 3 private sites)			91 (+ 3 private sites)
	Laboratories with capacity to perform clinical laboratory tests	N/A	122 (+ 9 private sites)	117	122 (+ 9 private sites)			122 (+ 9 private sites)
	Individuals trained in the provision of laboratory-related activities	375	462	200	40	23	17	40
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	1,984,951	762,600	370,982			370,982

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–Mar11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Mar 11)	Targets (Jan –Dec 2011)	Achievements (Jan – Mar 2011)	Male	Female	Total
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)								
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	872	440	52	26	26	52
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	522	250	25	12	13	25
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	455	110	25	10	15	25
3 Capacity Building for PHOs and DHOs (ZPCT II projections)								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	10	20	7			XX
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	9	18	9			9
Gender								
	Number of pregnant women receiving PMTCT services with partner	N/A	75,368	TBD	15,630		15,630	15,630
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	149,028	TBD	34,174	20,530	13,644	34,174

ANNEX B: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	4. Bwacha HC	Urban		◆	◆	◆	◆		
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆		
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		◎
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	16. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	17. Chibefwe HC	Rural		◆	◆	◆		◆	
	18. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	19. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Nshinso HC	Rural		◆	◆	◆		◆	
	21. Chikupili HC	Rural		◆	◆	◆		◆	
<i>Serenje</i>	22. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	23. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	24. Chibale RHC	Rural		◆	◆	◆		◆	
	25. Muchinka RHC	Rural		◆	◆	◆		◆	
	26. Kabundi RHC	Rural		◆	◆	◆		◆	
	27. Chalilo RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	28. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	29. Mulilima RHC	Rural		◆	◆	◆		◆	
	30. Gibson RHC			◆	◆	◆			
	31. Nchimishi RHC			◆	◆	◆			
	32. Kabamba RHC			◆	◆	◆			
<i>Chibombo</i>	33. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	34. Chikobo RHC	Rural		◆	◆	◆		◆	
	35. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	36. Chibombo RHC	Rural		◆	◆	◆		◆	
	37. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	38. Mungule RHC	Rural		◆	◆	◆		◆	
	39. Muswishi RHC	Rural		◆	◆	◆		◆	
	40. Chitanda RHC	Rural		◆	◆	◆			⊙
	41. Malambanyama RHC	Rural		◆	◆	◆		◆	
	42. Chipeso RHC	Rural		◆	◆	◆		◆	
	43. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	
	44. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	45. Malombe RHC			◆	◆	◆		◆	
	46. Mwachisompola RHC			◆	◆	◆		◆	
	47. Shimukuni RHC			◆	◆	◆		◆	
<i>Kapiri Mposhi</i>	48. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	49. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	50. Chibwe RHC	Rural		◆	◆	◆		◆	
	51. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	52. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	53. Mulungushi RHC	Rural		◆	◆	◆		◆	
	54. Chawama UHC	Rural		◆	◆	◆		◆	
	55. Kawama HC	Urban		◆	◆	◆		◆	
	56. Tazara UHC	Rural		◆	◆	◆		◆	
	57. Ndeke UHC	Rural		◆	◆	◆		◆	
	58. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	59. Chankomo RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	60. Luanshimba RHC	Rural		◆	◆	◆		◆	
	61. Mulungushi University HC	Rural		◆	◆	◆		◆	
	62. Chipepo RHC	Rural		◆	◆	◆		◆	
	63. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	64. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	65. Mumbwa DH			◆	◆	◆	◆ ³		⊙ ¹
	66. Myooye RHC			◆	◆	◆			
	67. Lutale RHC			◆	◆	◆			
	68. Mukulaikwa RHC			◆	◆	◆			
Totals			24	68	68	68	23	43	9

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Arthur Davison Hospital	Urban	◆ ²		◆	◆	◆ ³		⊙ ¹
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Chingola</i>	19. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	20. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	21. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	22. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	
	23. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	24. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	25. Kasompe Clinic	Urban		◆	◆	◆		◆	
	26. Mutenda HC	Rural		◆	◆	◆		◆	
<i>Kitwe</i>	27. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	28. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	29. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	31. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	32. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	33. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	34. Twatasha Clinic	Urban		◆	◆	◆		◆	
	35. Garnatone Clinic	Urban			◆	◆		◆	
	36. Itimpi Clinic	Urban		◆	◆	◆		◆	
	37. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	38. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	39. Kwacha Clinic	Urban		◆	◆	◆		◆	
	40. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	41. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	42. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	43. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	44. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	45. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	46. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	47. Mwekera Clinic	Urban		◆	◆	◆		◆	
	48. ZNS Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	49. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
<i>Luanshya</i>	50. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	51. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	52. Mikomfwa HC	Urban		◆	◆	◆		◆	
	53. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	54. Luanshya Main UC			◆	◆	◆	◆	◆	
	55. Mikomfwa Urban Clinic			◆	◆	◆		◆	
<i>Mufulira</i>	56. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	57. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	58. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	59. Kansunswa HC	Rural		◆	◆	◆		◆	
	60. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	61. Mokambo Clinic	Rural		◆	◆	◆		◆	
	62. Suburb Clinic	Urban		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	63. Murundu RHC			◆	◆	◆		◆	
	64. Chibolya UHC			◆	◆	◆		◆	
<i>Kalulushi</i>	65. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	66. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	67. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	68. Chati RHC			◆	◆	◆			
	69. Ichimpe Clinic			◆	◆	◆			
<i>Chililabombwe</i>	70. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	71. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
<i>Lufwanyama</i>	72. Mushingashi RHC	Rural		◆	◆	◆		◆	
	73. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	74. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
<i>Mpongwe</i>	75. Kayenda RHC	Rural		◆	◆	◆	◆	◆	
	76. Mikata RHC	Rural		◆	◆	◆		◆	
	77. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
<i>Masaiti</i>	78. Kashitu RHC	Rural		◆	◆	◆		◆	
	79. Jelemanani RHC	Rural		◆	◆	◆		◆	
	80. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	
Totals			42	78	80	80	39	58	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC			◆	◆	◆			
<i>Kawambwa</i>	5. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	6. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	7. Kawambwa HC	Rural		◆	◆	◆		◆	
	8. Mushota RHC	Rural		◆	◆	◆		◆	
	9. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	10. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	11. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	12. Mufwaya RHC			◆	◆	◆			
<i>Mansa</i>	13. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	14. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	15. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	16. Matanda RHC	Rural		◆	◆	◆		◆	
	17. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	18. Buntungwa RHC	Urban		◆	◆	◆		◆	
	19. Chipete RHC	Rural		◆	◆	◆		◆	
	20. Chisembe RHC	Rural		◆	◆	◆		◆	
	21. Chisunka RHC	Rural		◆	◆	◆		◆	
	22. Fimpulu RHC	Rural		◆	◆	◆		◆	
	23. Kabunda RHC	Rural		◆	◆	◆		◆	
	24. Kalaba RHC	Rural		◆	◆	◆		◆	
	25. Kalyongo RHC	Rural		◆	◆	◆			
	26. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	27. Katangwe RHC	Rural		◆	◆	◆			
	28. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	29. Luamfumu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	30. Mabumba RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
Milenge	40. Mulumbi RHC	Rural		◆	◆	◆		◆	
	41. Milenge East 7 RHC	Rural	◆ ²	◆	◆	◆	◆		
	42. Kapalala RHC	Rural		◆	◆	◆			
Mwense	43. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	45. Chibondo RHC	Rural			◆	◆		◆	
	46. Chipili RHC	Rural		◆	◆	◆			
	47. Chisheta RHC	Rural		◆	◆	◆		◆	
	48. Kalundu RHC	Rural			◆	◆			
	49. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	50. Kapamba RHC	Rural		◆	◆	◆		◆	
	51. Kashiba RHC	Rural		◆	◆	◆		◆	
	52. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	53. Kawama RHC	Rural		◆	◆	◆		◆	
	54. Lubunda RHC	Rural		◆	◆	◆		◆	
	55. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	56. Luminu RHC	Rural			◆	◆			
	57. Lupososhi RHC	Rural			◆	◆			
	58. Mubende RHC	Rural		◆	◆	◆		◆	
	59. Mukonshi RHC	Rural		◆	◆	◆			
	60. Mununshi RHC	Rural		◆	◆	◆		◆	
	61. Mupeta RHC	Rural			◆	◆			
	62. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	63. Mutipula RHC	Rural			◆	◆			
	64. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Nchelenge</i>	65. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	66. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	67. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	68. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	
	69. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	70. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	71. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	72. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	73. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	74. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Samfya</i>	75. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	76. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	77. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	78. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	79. Kapata East 7 RHC	Rural		◆	◆	◆			
	80. Kabongo RHC	Rural		◆	◆	◆			
Totals			30	74	80	80	20	49	4

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ ²	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
<i>Nakonde</i>	14. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	15. Chilolwa RHC	Rural		◆	◆	◆		◆	
	16. Waitwika RHC	Rural		◆	◆	◆		◆	
	17. Mwenzo RHC	Rural		◆	◆	◆		◆	
	18. Ntumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	19. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	20. Chanka RHC			◆	◆	◆			
	21. Shem RHC			◆	◆	◆			
<i>Mpika</i>	22. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	23. Mpika HC	Urban		◆	◆	◆		◆	
	24. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	25. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	26. Mpumba RHC	Rural		◆	◆	◆		◆	
	27. Mukungule RHC	Rural		◆	◆	◆		◆	
	28. Mpika TAZARA	Rural	◆ ²	◆	◆	◆		◆	
	29. Muwele RHC			◆	◆	◆			
	30. Lukulu RHC			◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	31. ZCA Clinic			◆	◆	◆			
	32. Chikakala RHC			◆	◆	◆			
<i>Chinsali</i>	33. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	34. Chinsali HC	Urban		◆	◆	◆		◆	
	35. Matumbo RHC	Rural		◆	◆	◆		◆	
	36. Shiwa Ng'andu RHC			◆	◆	◆			
	37. Lubwa RHC			◆	◆	◆	◆		
	38. Mundu RHC			◆	◆	◆			
<i>Mbala</i>	39. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	40. Mbala UHC	Urban		◆	◆	◆		◆	
	41. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	42. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	43. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	44. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	45. Mpande RHC			◆	◆	◆			
	46. Mwamba RHC			◆	◆	◆			
	47. Nondo RHC			◆	◆	◆			
	48. Nsokolo RHC			◆	◆	◆			
<i>Mpulungu</i>	49. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		◎
	50. Isoko RHC								
<i>Isoka</i>	51. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	52. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	53. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	54. Kalungu RHC	Rural		◆	◆	◆		◆	
	55. Kampumbu RHC			◆	◆	◆			
	56. Kafwimbi RHC			◆	◆	◆			
	57. Thendere RHC			◆	◆	◆			
<i>Mporokoso</i>	58. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	59. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Luwingu</i>	60. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	61. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	62. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	63. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
<i>Mungwi</i>	64. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	65. Malole RHC	Rural		◆	◆	◆		◆	
	66. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	67. Chimba RHC								
	68. Kapolyo RHC								
Totals			23	66	66	66	25	37	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are yet to start reporting

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	12. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	13. St. Kalemba (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	14. Mumbeji RHC	Rural		◆	◆	◆		◆	
	15. Kasamba RHC	Rural		◆	◆	◆		◆	
	16. Kabulamema RHC								
	17. Dyambombola RHC								
	18. Kayombo RHC			◆	◆	◆			
<i>Zambezi</i>	19. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎
	20. Zambezi UHC	Urban			◆	◆		◆	
	21. Mize HC	Rural		◆	◆	◆		◆	
	22. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	23. Mukandakunda RHC	Rural		◆	◆	◆			
	24. Nyakulenga RHC	Rural		◆	◆	◆			
	25. Chilenga RHC	Rural		◆	◆	◆			
	26. Kucheka RHC								
	27. Mpidi RHC								
<i>Mwinilunga</i>	28. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	29. Kanyihampa HC	Rural		◆	◆	◆		◆	
	30. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	31. Ikelenge RHC	Rural		◆	◆	◆			
	32. Lwawu RHC	Rural		◆	◆	◆			
	33. Nyangombe RHC			◆	◆	◆			
	34. Sailunga RHC								
	35. Katyola RHC			◆	◆	◆			
	36. Chiwoma RHC			◆	◆	◆			
	37. Lumwana West RHC			◆	◆	◆			
	38. Kanyama RHC			◆	◆	◆			
<i>Mufumbwe</i>	39. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		◎ ¹
	40. Matushi RHC	Rural		◆	◆	◆		◆	
	41. Kashima RHC	Rural		◆	◆	◆			
	42. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	43. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Chivombo RHC	Rural		◆	◆	◆		◆	
	45. Chiingi RHC	Rural		◆	◆	◆		◆	
	46. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	47. Nyatanda RHC								
<i>Kasempa</i>	48. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	49. Nselauke RHC	Rural		◆	◆	◆		◆	
	50. Kankolonkolo RHC			◆	◆	◆			
	51. Lunga RHC			◆	◆	◆			
	52. Dengwe RHC			◆	◆	◆			
	53. Kamakechi RHC			◆	◆	◆			
Totals			12	46	47	47	14	18	4

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
◎ MC sites	2 = ART Static Site
◎ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are yet to start reporting data

ANNEX C: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
<i>Kabwe</i>	1. Kabwe Medical Centre	Urban							
	2. Mukuni Insurance Clinic	Urban							
<i>Mkushi</i>	3. Tusekelemo Medical Centre	Urban							
Copperbelt Province									
<i>Ndola</i>	4. Hilltop Hospital	Urban	◆	◆	◆	◆			
	5. Maongo Clinic	Urban	◆	◆	◆	◆			
	6. Chinan Medical Centre	Urban	◆	◆	◆	◆			
<i>Kitwe</i>	7. Company Clinic	Urban	◆	◆	◆	◆			
	8. Hillview Clinic	Urban	◆	◆	◆	◆			
	9. Kitwe Surgery	Urban	◆	◆	◆	◆			
	10. CBU Clinic	Urban	◆	◆	◆	◆			
	11. SOS Medical Centre	Urban	◆	◆	◆	◆ ³			
North-Western Province									
<i>Solwezi</i>	12. Hilltop Hospital	Urban	◆	◆	◆	◆			

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ Site Reporting Data	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are yet to start reporting data

ANNEX D: ZPCT II ART Sites (As of March 31, 2011)

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
Central	Chibombo	1. Chisamba		Outreach	
		2. Liteta Hospital	Static		
		3. Mwachisompola Demo Zone		Outreach	
		4. Kayosha	Static		
	Kabwe	5. Kabwe General Hospital	Static		
		6. Kabwe Mine Hospital	Static		
		7. Kasanda		Outreach	
		8. Katondo		Outreach	
		9. Mahatma Gandhi Memorial		Outreach	
		10. Makululu		Outreach	
		11. Ngungu		Outreach	
		12. Pollen		Outreach	
		13. Natuseko		Outreach	
	Kapiri Mposhi	14. Kapiri Mposhi DH	Static		
		15. Kampumba RHC		Outreach	
		16. Mukonchi RHC	Static		
		17. Nkole RHC		Outreach	
		18. Waya RHC		Outreach	
	Mkushi	19. Masansa		Outreach	
		20. Mkushi District Hospital	Static		
		21. Chalata		Outreach	
	Serenje	22. Chitambo Hospital	Static		
		23. Mpelembe RHC		Outreach	
		24. Serenje Hospital	Static		
Copperbelt	Chililabombwe	25. Kakoso	Static		
		26. Lubengele Clinic		Outreach	
	Chingola	27. Chawama	Static		
		28. Chiwempala		Outreach	
		29. Kabundi East		Outreach	
		30. Nchanga North Hospital	Static		
		31. Clinic 1		Outreach	
		32. Muchinshi		Outreach	
	Kalulushi	33. Chambeshi Govt. Clinic		Outreach	
		34. Chibuluma		Outreach	
		35. Kalulushi Govt. Clinic	Static		
	Kitwe	36. Buchi Main		Outreach	
		37. Bulangililo		Outreach	
		38. Chavuma		Outreach	
		39. Chimwemwe		Outreach	
		40. Ipusukilo		Outreach	
		41. Kamfinsa	Static		
		42. Kawama		Outreach	
		43. Kitwe Central Hospital	Static		
		44. Luangwa		Outreach	
		45. Mindolo 1 Clinic	Static		
		46. Mulenga		Outreach	
		47. Ndeke		Outreach	
		48. Riverside	Static		
		49. Zamtan		Outreach	
		50. ZNS		Outreach	
		51. Company Clinic*	Static		
		52. Hillview Clinic*	Static		
		53. Kitwe Surgery*	Static		
		54. SOS Clinic*	Static		
		55. CBU Clinic*	Static		
	Luanshya	56. Mpatamatu Clinic		Outreach	

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
		57. Roan Antelope Hospital	Static		
		58. Thomson Hospital	Static		
	Lufwanyama	59. Lumpuma		Outreach	
		60. Shimukunami		Outreach	
	Mufulira	61. Kamuchanga District Hospital	Static		
		62. Ronald Ross General Hospital	Static		
	Ndola	63. Arthur Davison Hospital	Static		
		64. Chipokota Mayamba		Outreach	
		65. Kansenshi Prison		Outreach	
		66. Kaniki		Outreach	
		67. Lubuto		Outreach	
		68. Mahatma Gandhi		Outreach	
		69. New Masala		Outreach	
		70. Ndola Central Hospital	Static		
		71. Twapia		Outreach	
		72. Maongo Clinic*	Static		
		73. Hilltop Hospital*	Static		
		74. Chinan Clinic*	Static		
Luapula	Chiengge	75. Kabole RHC	Static		
		76. Puta RHC	Static		
	Kawambwa	77. Kawambwa District Hospital	Static		
		78. Mbereshi Mission Hospital	Static		
		79. Munkanta RHC		Outreach	
		80. Kazembe RHC	Static		
	Mansa	81. Central Clinic	Static		
		82. Chembe RHC	Static		
		83. Mansa General Hospital	Static		
		84. Senama		Outreach	
		85. Luamfumu	Static		
	Milenge	86. Milenge East 7	Static		
	Mwense	87. Mambilima		Outreach	
		88. Musangu	Static		
		89. Mwense		Outreach	
		90. Mwenda	Static		
		91. Lukwesa	Static		
	Nchelenge	92. Chabilikila	Static		
		93. Chisenga Island		Outreach	
		94. Kabuta	Static		
		95. Kafutuma	Static		
		96. Kambwali	Static		
		97. Kanyembo	Static		
		98. Kashikishi	Static		
		99. Kilwa Island		Outreach	
		100. Nchelenge HC	Static		
		101. St. Paul's Hospital	Static		
	Samfya	102. Kasanka RHC		Outreach	
		103. Lubwe Mission Hospital	Static		
		104. Samfya Stage II		Outreach	
Northern	Chinsali	105. Chinsali District Hospital	Static		
		106. Isoka District Hospital	Static		
		107. Muyombe		Outreach	
	Isoka	108. Kalungu	Static		
	Kaputa	109. Kaputa	Static		
	Kasama	110. Chilubula	Static		
		111. Kasama General Hospital	Static		
		112. Location		Outreach	
		113. Lukupa RHC	Static		
		114. Chisanga	Static		
		115. Kasama Urban	Static		

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
	Luwingu	116. Luwingu Hospital	Static		
	Mbala	117. Mbala Hospital	Static		
		118. Tulemane		Outreach	
		119. Senga Hill		Outreach	
	Mpika	120. Mpika DH	Static		
		121. TAZARA	Static		
	Mporokoso	122. Mporokoso District Hospital	Static		
		123. Mporokoso UHC		Outreach	Mporokoso DH
	Mpulungu	124. Mpulungu HC		Outreach	
	Mungwi	125. Nseluka	Static		
	Nakonde	126. Nakonde HC	Static		
		127. Ntatumbila		Outreach	
		128. Chozi Nakonde	Static		
North-Western	Chavuma	129. Chiyeke	Static		
	Kabompo	130. Kabompo District Hospital	Static		
		131. St Kalembe		Outreach	
	Kasempa	132. Kasempa		Outreach	
	Mufumbwe	133. Mufumbwe Hospital		Outreach	
	Mwinilunga	134. Mwinilunga District Hospital	Static		
		135. Luwi Mission		Outreach	
	Solwezi	136. Solwezi General Hospital	Static		
		137. Solwezi Urban		Outreach	
		138. St. Dorothy		Outreach	Solwezi Urban Clinic
		139. Hilltop Hospital *	Static		
	Zambezi	140. Chitokoloki Mission Hospital		Outreach	
		141. Zambezi District Hospital	Static		

***Private sector ART sites**

- ART services available in 38 of the 41 supported districts
- 141 ART sites of which 139 report independently and two report under bigger facilities
- 9 ART sites are private sector (Company Clinic, Kitwe Surgery, Hillview, SOS, and CBU Clinics – Kitwe, and Hilltop Hospital and Maongo Clinic – Ndola, and Hilltop Hospital – Solwezi)
- 75 are static and 66 are outreach sites

ANNEX E: ZPCT II Graduated Districts (As of March 31, 2011)

Province	District	Health Facility
Central	1. Mkushi	Chalata
		Chibefwe
		Chikupili
		Masansa
		Mkushi District Hospital
		Nshinso
	2. Kabwe	Kabwe General Hospital
		Kabwe Mine Hospital
		Mahatma Gandhi HC
		Bwacha
		Chowa
		Kasanda
		Kasavasa
		Katondo
		Kawama
		Mahatma Gandhi Memorial
		Makululu
		Mukobeko Township
		Natuseko
		Ngungu
		Pollen
		Railway Surgery
Copperbelt	3. Kalulushi	Chambeshi Govt. Clinic
		Chibuluma
		Chati RHC
		Ichimpe RHC
		Kalulushi Govt. Clinic
	4. Luanshya	Mikomfwa
		Mpatamatu Clinic
		Roan Antelope Hospital
		Mikomfwa urban clinic
		Luanshya Main clinic
		Thomson Hospital
	5. Chingola	Nchanga N. GH
		Chiwempala HC
		Kabundi East Clinic
		Chawama HC
		Clinic 1 HC
		Muchinshi Clinic
		Kasompe Clinic
		Mutenda HC
	6. Chililabombwe	Kakoso District HC
		Lubengele UC
	7. Mufulira	Kamuchanga DH
		Ronald Ross GH
		Clinic 3 Mine Clinic
		Kansunswa HC

Province	District	Health Facility
		Clinic 5 Clinic
		Mokambo Clinic
		Chibolya HC
		Murundu HC
Luapula	8. Samfya	Suburb Clinic
		Kasanka RHC
		Lubwe Mission Hospital
Northern	9. Chinsali	Samfya Stage II
		Chinsali District Hospital
	10. Kasama	Chinsali UHC
		Chiongo
		Chisanga
		Chilubula
		Kasama General Hospital
		Kasama UHC
		Location
		Lukashya
		Lukup RHC
		Misengo
		Mulenga
	11. Mpika	Musa
		Mpepo RHC
		Mpika DH
	12. Nakonde	Mpika UHC
		Chilolwa RHC
		Chozi
		Mwenzo
		Nakonde HC
North-Western	13. Kabompo	Ntatumbila
		Waitwika
		Kasamba RHC
		Kabompo District Hospital
	14. Mufumbwe	Mumbeji RHC
		St Kalembe
		Kashima RHC
		Matushi RHC
	15. Mwinilunga	Mufumbwe Clinic
		Mufumbwe District Hospital
		Mwinilunga District Hospital
		Mwinilunga District Hospital HAHC
		Lwawu RHC
		Luwi Mission Hospital
		Ikelenge RHC

ANNEX F: ZPCT II Signed Recipient Agreements/Subcontracts/MOUs

Province	District	Implementing Agency (IA)	Amended Period	Budget Amendment	New Total Budget
Central	Chibombo	1. Chibombo DMO	Nov 10 – Dec 11	\$275,817	\$441,026
	Kabwe	2. Central PMO	Nov 10 – Dec 11	\$657,269	\$1,657,084
		3. Kabwe DMO	Nov 10 – Dec 11	\$168,144	\$322,865
		4. Kabwe GH	May 10 – Apr 11	\$45,805	\$112,501
	Kapiri Mposhi	5. Kapiri Mposhi DMO	Nov 10 – Dec 11	\$78,602	\$675,212
	Mkushi	6. Mkushi DMO	Nov 10 – Dec 11	\$66,169	\$132,444
	Serenje	7. Serenje DMO	Nov 10 – Dec 11	\$113,164	\$292,024
	Mumbwa	8. Mumbwa DMO	Nov 10 – Dec 11	\$0	\$107,760
Copperbelt	Chililabombwe	9. Chililabombwe DMO	Nov 10 – Dec 11	\$23,621	\$74,244
	Chingola	10. Chingola DMO	Nov 10 – Dec 11	\$67,970	\$221,232
		11. Nchanga North	May 10 – Apr 11	\$31,938	\$44,597
	Kalulushi	12. Kalulushi DMO	Nov 10 – Dec 11	\$130,558	\$190,571
	Kitwe	13. Kitwe Central Hospital	May 10 – Apr 11	\$34,249	\$65,296
		14. Kitwe DMO	Nov 10 – Dec 11	\$234,331	\$569,977
	Luanshya	15. Luanshya DMO	Nov 10 – Dec 11	\$82,448	\$172,650
		16. Roan GH	May 10 – Apr 11	\$25,945	\$47,783
	Lufwanyama	17. Lufwanyama DMO	Nov 10 – Dec 11	\$27,751	\$51,547
	Masaiti	18. Masaiti DMO	Nov 10 – Dec 11	\$2,929	\$71,906
	Mpongwe	19. Mpongwe DMO	Nov 10 – Dec 11	\$8,171	\$55,942
	Mufulira	20. Mufulira DMO	Nov 10 – Dec 11	\$93,403	\$178,390
		21. Ronald Ross	May 10 – Apr 11	\$37,630	\$79,172
	Ndola	22. Arthur Davison CH	May 10 – Apr 11	\$60,936	\$161,280
		23. Copperbelt PMO	Nov 10 – Dec 11	\$911,552	\$2,193,883
		24. Ndola Central Hospital	May 10 – Apr 11	\$45,964	\$65,207
		25. Ndola DMO	Nov 10 – Dec 11	\$179,715	\$408,941
Luapula	Chiengi	26. Chiengi DMO	Nov 10 – Dec 11	\$50,428	\$110,011
	Kawambwa	27. Kawambwa DMO	Nov 10 – Dec 11	\$80,793	\$261,473
	Mansa	28. Luapula PMO	Nov 10 – Dec 11	\$492,303	\$1,358,669
		29. Mansa DMO	Nov 10 – Dec 11	\$130,958	\$306,824
		30. Mansa GH	May 10 – Apr 11	\$23,448	\$103,673
	Milenge	31. Milenge DMO	Nov 10 – Dec 11	\$15,161	\$137,556
	Mwense	32. Mwense DMO	Nov 10 – Dec 11	\$73,726	\$203,163
	Nchelenge	33. Nchelenge DMO	Nov 10 – Dec 11	\$68,894	\$166,423
Northern	Samfya	34. Samfya DMO	Nov 10 – Dec 11	\$51,417	\$141,303
	Chinsali	35. Chinsali DMO	Nov 10 – Dec 11	\$157,489	\$181,775
	Isoka	36. Isoka DMO	Nov 10 – Dec 11	\$137,539	\$215,905
	Kasama	37. Kasama DMO	Nov 10 – Dec 11	\$22,772	\$239,153
		38. Kasama GH	May 10 – Apr 11	\$34,317	\$54,350
		39. Northern PMO	Nov 10 – Dec 11	\$653,514	\$1,439,939
	Kaputa	40. Kaputa DMO	Nov 10 – Dec 11	\$24,738	\$104,892
	Luwingu	41. Luwingu DMO	Nov 10 – Dec 11	\$14,620	\$57,019
	Mbala	42. Mbala DMO	Nov 10 – Dec 11	\$138,972	\$186,223
		43. Mbala GH	May 10 – Apr 11	\$23,442	\$77,928
	Mpika	44. Mpika DMO	Nov 10 – Dec 11	\$232,837	\$322,434
	Mpulungu	45. Mpulungu DMO	Nov 10 – Dec 11	\$38,317	\$83,577
	Mporokoso	46. Mporokoso DMO	Nov 10 – Dec 11	\$10,558	\$57,645
	Mungwi	47. Mungwi DMO	Nov 10 – Dec 11	\$62,240	\$119,509
North-Western	Nakonde	48. Nakonde DMO	Nov 10 – Dec 11	\$168,764	\$285,939
	Chavuma	49. Chavuma DMO	Nov 10 – Dec 11	\$14,612	\$243,750
	Kabompo	50. Kabompo DMO	Nov 10 – Dec 11	\$92,816	\$118,138
	Kasempa	51. Kasempa DMO	Nov 10 – Dec 11	\$150,383	\$175,785
	Mufumbwe	52. Mufumbwe DMO	Nov 10 – Dec 11	\$16,503	\$154,711
	Mwinilunga	53. Mwinilunga DMO	Nov 10 – Dec 11	\$143,243	\$231,142
	Solwezi	54. Solwezi DMO	Nov 10 – Dec 11	\$57,152	\$217,442
		55. Solwezi GH	May 10 – Apr 11	\$23,592	\$77,842

Province	District	Implementing Agency (IA)	Amended Period	Budget Amendment	New Total Budget
		56. North-Western PMO	Nov 10 – Dec 11	\$413,608	\$1,111,660
	Zambezi	57. Zambezi DMO	Nov 10 – Dec 11	\$81,539	\$187,210
Lusaka	Lusaka	58. University Teaching Hospital	May 10 – Apr 11	\$47,943	\$108,998
	Lusaka/FHI HQ	59. Management Science for Health			
	Lusaka/FHI HQ	60. CARE International			
	Lusaka/FHI HQ	61. Emerging Markets Group			
	Lusaka/FHI HQ	62. Social Impact			
	Lusaka/FHI HQ	63. Salvation Army			
	Lusaka	64. CHAZ	May 10 – Apr 11	\$252,162	\$446,926
	Lusaka	65. KCTT	May – Dec 10	\$146,512	\$556,485
Copperbelt	Memorandum of Understanding	66. Mpatamatu HBC MOU	May – Dec 10	\$0	\$0
		67. Ndola Catholic Diocese MOU	May – Dec 10	\$0	\$0

ANNEX F: ZPCT II Training Courses and Numbers Trained (Jan. – Mar. 2011)

Training Course	Training Dates	Province	Number Trained
Basic CT HCWs	March 14 – 26, 2011	Northern	20
		Total	20
Basic CT Lay	March 14 – 26, 2011	Central	20
		Total	20
Basic CT Refresher HCWs	February 13 – 18, 2011	Luapula	20
			20
Basic CT Refresher Lay	March 21 – 25, 2011	Copperbelt	20
			20
CT Supervision Lay	Jan. 24 – Feb. 5, 2011	Central	12
		Total	12
PMTCT HCWs	February 7 – 12, 2011	Copperbelt	24
	March 7 – 12, 2011	Copperbelt	24
	March 7 – 12, 2011	Central	25
	March 14 – 19, 2011	Copperbelt	24
		Total	97
PMTCT Lay	March 7 – 12, 2011	North-Western	25
		Total	25
PMTCT Refresher HCWs	January 24 – 28, 2011	Central	25
	January 24 – 28, 2011	North-Western	25
	February 21 – 24, 2011	Northern	22
	March 28 – 31, 2011	Central	25
	March 28 – 31, 2011	Luapula	25
		Total	122
ART/OIs	March 14 – 24, 2011	Luapula	25
	March 14 – 24, 2011	Northern	26
		Total	51
ART/OIs Refresher	March 14 – 18, 2011	North-Western	25
	March 21 – 25, 2011	Copperbelt	26
	March 21 – 25, 2011	Central	25
			76
ART/OIs Paediatrics	March 14 – 18, 2011	Central	25
			25
Male Circumcision	February 14 – 24, 2011	Central/Copperbelt/Luapula/North-Western	13
	March 14 – 24, 2011	Central/Copperbelt/Luapula/North-Western	13
		Total	26
ASWs Refresher	January 24 – 28, 2011	Copperbelt	25
		Total	25
Equipment Use and Maintenance	March 14 – 15, 2011	Central/Copperbelt	15
	March 16 – 17, 2011	Central/Copperbelt/Luapula	16
		Total	31
ART Commodity Management A for Lab and Pharm	February 7 – 12, 2011	Copperbelt	26
		Total	26

ANNEX H: Meetings and Workshops this Quarter (Jan. – Mar., 2011)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	January 20, 2011 <i>Zambia Forum for Health Research (ZAMFOR):</i> The meeting was organized by ZAMFOR in collaboration with MoH to determine the reproductive health and policy research needs for Zambia. The meeting called different stakeholders involved in reproductive health service delivery in Zambia.
	January 25, 2011 <i>Mother baby pack (MBP) launch:</i> This meeting took place in Kabwe where the MBP was officially launched by the Central Province Minister on behalf of the Minister of Health.
	February 14, 2011 <i>PEPFAR couple HIV testing and counseling meeting:</i> This meeting was organized by CDC and invited different stakeholders with a view of having the stakeholders share their experiences, discuss challenges and plan on how to expand and strengthen couples counseling and testing in Zambia.
	February 17, 2011 <i>Prevention with Positives (PwP) stakeholders meetings:</i> This meeting was organized by CDC and invited partners implementing PwP services in Zambia. The meeting was called to have partners agree on a national plan for PwP services and standardize its implementation.
	February 22, 2011 <i>Preventive research literacy training:</i> This workshop was organized by PATH and held in Lusaka. Different stakeholders were participated. It was a one day training on the use of microbicides, The aim was to help civil society members; community advocates and other stakeholders to gain understanding of HIV prevention research especially for microbicides and PReP, to enable them speak knowledgeably and answer questions regarding the complexities of new prevention on research product development.
	March 18, 2011 <i>Orientation and planning meeting for 2011 prevention TWG:</i> This meeting was held at National AIDS Council (NAC) boardroom in Lusaka. The focus was on prevention activities in the 2011 - 2015 National Strategic Framework, and formation of subcommittees. There will be a convention on prevention activities in September – October 2011 and mapping of HIV prevention activities targeting facilities providing HIV prevention activities.
	March 22, 2011 <i>VCT Day Preparatory meeting- IEC committee:</i> This was a follow up meeting after sub division of committees and was held in the resource centre at NAC. The IEC committee was tasked to adopt the themes from other meetings and chose one that will be suitable for this year. It was proposed that the theme to be chosen should be pre-tested first in Mazabuka or Namwala before the VCT day to see whether it will be user friendly. Other districts suggested to be included in the pilot testing of the theme were Mumbwa, Kafue, Chongwe and Chibombo. The decision could not be finalized on which districts as the meeting was poorly attended. The final decision was deferred to the next meeting whose date was to be communicated later.
	March 25, 2011 <i>PMTCT and Pediatric HIV TWG meeting:</i> The meeting was organized by MOH through the technical work group. The meeting was called to look at performance updates in PMTCT from the various partners, review progress on the PIMA evaluation and review progress on the SMS technology for EID.
MC	March 30, 2011 <i>MC TWG communications subcommittee meeting:</i> The meeting was held at the MOH boardroom. Partners in attendance included; MOH, ZPCT II, SFH, WHO, CIIDRZ. The agenda included; the finalizing plans for introduction of the new MC communications strategy into the overall NAC strategic framework for 2011 – 2015. The meeting also discussed plans to share and adopt IEC material and harmonizing MC messages for targeted audiences in the community which should be done early next quarter.
ART/CC	February 16, 2011 <i>ART training package review meeting:</i> ZPCT II participated in this meeting which was held at Sandy's Creations to review and work on the adult ART training package in view of the revise 2010 ART guidelines. This work has been almost concluded and should be available for circulation next quarter.

Technical Area	Meeting/Workshop/Trainings Attended
	<p>March 3 – 4, 2011 <i>TOT Orientation package for ART revised guidelines:</i> ZPCT II hosted this two day meeting attended by MoH and CIDRZ which developed the TOT orientation package for the new revised 2010 guidelines. A national TOT is planned for early next quarter for provincial staff to highlight the key changes in the revised 2010 ART guidelines. Thereafter the trained staff will go on to orient provincial, district and health facility staff.</p> <p>March 10, 2011 <i>HIV Nurse Practitioner meeting:</i> ZPCT II was in attendance at this meeting which was held at UTH School of Nursing whose agenda was to review progress in the contributions from partners coordinators in the write up of the manuscripts for HNP program.</p> <p>March 23, 2011 <i>ARVs Quarterly Quantification Meeting:</i> ZPCT II was in attendance at this meeting which was held at JSI offices whose agenda was for key partners working with MoH to participate in the review of current stocks of ARVs and OI drugs and make forecasts for the following quarter. Other stakeholders in attendance included MoH, CIDRZ, CDC, Clinton Foundation, AIDSRelief And others.</p> <p>March, 30, 2011 <i>Monthly ART Accreditation Consultative Meeting:</i> ZPCT II participated in this meeting convened by Health Professions Council of Zambia (HPCZ). This was the first meeting convened this quarter which is held monthly to review progress related to accreditation of ART sites supported by various partners. The mentorship training being planned by Ministry of Health was discussed with new tentative plans to hold the training in mid may, next quarter.</p>
Laboratory	<p>January 27, 2011 <i>PIMA Evaluation Meeting I:</i> ZPCT II participated in the first evaluation meeting held at the Ministry of Health to determine suitability of the point of care CD4 analyzer – PIMA – for use in Zambia. This meeting was convened by the Ministry of Health and comprised of technical working group members who included all laboratory implementing partners. It was agreed that the results of the first evaluation conducted in a laboratory environment were not conclusive enough to move to roll-out the use of the system. A field study would have to be held where the instrument would be evaluated in the environment it is intended for. Additional meetings were planned to further discuss the way forward with this further evaluation.</p> <p>February 7, 2011 <i>PIMA Evaluation Meeting II:</i> ZPCT II participated in the second evaluation meeting which reviewed regional experiences on the PIMA analyzer for point-of-care CD4, assessed the need for an in-country study and discussed the need for ethical approval as samples would be obtained from human subjects. Submission of a written protocol would be pursued and the vendor would be engaged for reagent-contract placement of analyzers for field study.</p> <p>February 9, 2011 <i>National Phlebotomy Training Planning Meeting:</i> ZPCT II attended this meeting held at the Southern Sun Hotel, convened and chaired by the MoH. Present were all stakeholders and implementing partners. The meeting discussed the national plan to have standardized phlebotomy training to ensure quality specimen collection in all facilities. A roadmap to the launch of the program was agreed upon which included training of staff, development of a monitoring protocol, plans for incorporation of the training into routine trainings for GCLP, and the development of a standardized curriculum to be customized for the Zambian scenario. The launch of the program was scheduled for June 20, 2011.</p> <p>February 10, 2011 <i>Early Infant Diagnosis Technical Working Group Meeting:</i> ZPCT II attended this meeting convened by the MoH, held in the MoH boardroom. All implementing partners in EID were present at this meeting, namely CHAI, UNICEF, CDC, BU, and MOH. The meeting met to review the draft proposed questionnaires and plan for the upcoming qualitative and quantitative assessment of the SMS technology for EID results pilot. All partners gave input into the finalization of the assessment tools.</p> <p>February 16, 2011 <i>Early Infant Diagnosis Technical Working Group Meeting:</i> ZPCT II attended this second meeting convened by the MoH, held in the MoH boardroom. All implementing partners in EID were present at this meeting, namely CHAI, UNICEF, CDC, BU, and MOH, and the meeting met to further review and fine-tune the draft proposed questionnaires to be used in the upcoming qualitative and quantitative assessment of the SMS technology for EID results pilot. Plans for the actual assessment were made and MOH was tasked with calling the teams together for the evaluation exercise.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>February 17, 2011 <i>PIMA evaluation meeting III:</i> ZPCT II attended the third evaluation meeting at which it was agreed on the need for the study to proceed speedily as programs were pushing for a point-of-care system to cater for CD4s. The protocol developed by CDC was proposed for adoption once clearance from ERES Ethical Committee was obtained. In addition to ZPCT II, in attendance at the meeting were CDC, CHAI, CIDRZ and AIDSRelief.</p> <p>February 28 to March 1, 2011 <i>Laboratory Technical Working Group Meeting:</i> ZPCT II attended the national review meeting convened by MoH and held at Fringilla. All implementing partners in the laboratory services were present at the meeting. The purpose of this meeting was to review all partner activities and collaborations. Partners reported on activities done, challenges, successes and future plans and brainstormed with MoH on new approaches for further strengthening of laboratory services in Zambia.</p> <p>March 31, 2011 <i>Early Infant Diagnosis Technical Working Group Meeting:</i> ZPCT II attended this meeting convened by the MoH. All implementing partners in EID were present at this meeting which discussed outcomes of the recent qualitative and quantitative assessment of the SMS technology for EID results pilot. The meeting assessed discrepancies between samples collected and sent to the University Teaching Hospital (MoH) PCR Lab, Kalingalinga (CIDRZ) PCR Lab and Arthur Davidson Children's Hospital (ZPCT) PCR Lab and results received at facilities via the SMS printer system. Investigations into the discrepancies will be conducted to identify gaps and firstly baseline data will be determined. Generic communication to all partners and MoH however will initially be sent to allow partners input into the data collection tool and also to obtain permissions to access data. Qualitative data and quantitative data will be used to ensure a full evaluation is conducted.</p>
Pharmacy	<p>January 20, 2011 <i>ART Pharmacy SOP Review Meeting:</i> This meeting was hosted by MoH in conjunction with ZPCT II, held at ZPCT II offices. All stakeholders and implementing partners in pharmaceutical services attended the meeting. These included ZPCTII, CIDRZ, PRA, CHAZ, and MoH at the different levels. The document was reviewed extensively and assignments were given to different individuals to finalize before presentation to the deputy director of Pharmaceutical Services at the MoH.</p> <p>February 02, 2011 <i>JSI-ZPCTII Collaborative meeting:</i> The second JSI-ZPCTII collaborative meeting at provincial level was held in Solwezi Northwestern province where ZPCT II and JSI (SCMS and USAID Deliver) discussed the supply chain for various commodities, pipelines for the commodities were analyzed as well as current stock status of the various commodities and plans for stop-gap procurements shared. Training plans were also discussed in a bid to avoid holding trainings at the same time. Joint visits to the facilities were planned and feedback reports were shared and reviewed.</p> <p>February 17, 2011 <i>JSI-ZPCT II Male Circumcision Commodities Procurement Meeting:</i> ZPCT II attended this meeting held at JSI to review the procurement of MC commodities in support of the implementation of MC services at ZPCT II supported facilities. Pipeline and future procurement plans were discussed. In addition, the submission of data for purposes of tracking these commodities was agreed upon. ZPCT II would follow up with its support recipient sites for this information.</p> <p>February 18, 2011 <i>JSI-ZPCTII Collaborative meeting:</i> JSI hosted this meeting held in Ndola and was attended by JSI (SCMS and USAID Deliver) and ZPCT II staff. This was the second meeting of a series of collaborative meetings scheduled to be held in the provinces that ZPCT II supports. Joint visits to the facilities were planned and feedback reports were shared and reviewed. In addition, commodity status as well as general issues with the implementation of the various logistics systems was discussed.</p> <p>February 21, 2011 <i>Pharmaceutical Services Support Meeting:</i> ZPCT II attended this meeting held at the MoH convened by the deputy Director Pharmaceutical Services, MoH. In addition to the general support that ZPCTII provided the MoH in the area of pharmaceutical services support, progress with the review of the ART Pharmacy SOPs was the main issue discussed and it was agreed that more input was required in the review process to ensure all aspects of pharmaceutical care are captured in the document. Further meetings were scheduled to finalize this process of review of the SOPs.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>March 14, 2011 <i>National Pharmaceutical Services Support Meeting:</i> ZPCT II attended this meeting held at MoH offices to discuss partner support for pharmaceutical management to the MoH. The meeting was called by the Manager: Drug Supply Budget Line (DSBL) on behalf of the deputy director of Pharmaceutical Services at the MoH. The formation of a Pharmacy TWG was proposed and extensively discussed and it was agreed that this would be the best way to ensure provision of standardized quality pharmaceutical care services in the country. In attendance were CIDRZ, CHAZ and ZPCTII.</p>
	<p>March 23, 2011 <i>National ARV Quantification Quarterly Review Meeting:</i> ZPCT II attended this meeting hosted by MoH in collaboration with USAID Deliver to review the quantification of ARVs and discuss the possibility of allowing ART satellite sites to be part of the national ARV LS. Consumption trends were analyzed and the pipelines of the commodities were reviewed. Adjustments to the procurement plans were made to ensure uninterrupted supply of the ARVs in the country for use for the ART and PMTCT programs.</p>

ANNEX I: Mobile CT Data January – March 2011

District	Site	Males Counseled and Tested			Females Counseled and Tested			Boys 0 – 14 years Counseled and Tested			Girls 0 – 14 years Counseled and Tested		
		Total	# positive	% positive	Total	# positive	% positive	Total	# positive	% positive	Total	# positive	% positive
Kitwe	Mukuyu	127	6	4.7%	48	2	4.2%	0	0	0.0%	1	0	0.0%
	Mukuyu	135	12	8.9%	27	6	22.2%	0	0	0.0%	0	0	0.0%
	Makululu	72	6	8.3%	46	5	10.9%	0	0	0.0%	2	0	0.0%
	Kawama	75	5	6.7%	74	9	12.2%	0	0	0.0%	2	0	0.0%
Mkushi	Busa	25	0	0.0%	80	7	8.8%	0	0	0.0%	3	0	0.0%
	Lumba	15	0	0.0%	106	5	4.7%	1	1	100.0%	1	0	0.0%
	Shaibila	23	0	0.0%	109	5	4.6%	1	0	0.0%	1	0	0.0%
	Mukankamano	33	0	0.0%	70	1	1.4%	1	0	0.0%	0	0	0.0%
Serenje	Mukando	52	1	1.9%	33	0	0.0%	15	0	0.0%	7	0	0.0%
	National Square	59	6	10.2%	32	5	15.6%	22	0	0.0%	0	0	0.0%
	Malcom College	75	7	9.3%	50	5	10.0%	6	1	16.7%	3	0	0.0%
	Zambia Compound	108	2	1.9%	24	2	8.3%	11	0	0.0%	6	0	0.0%
Kitwe	Chimwemwe	112	7	6.3%	63	9	14.3%	0	0	0.0%	0	0	0.0%
	Twatasha	94	7	7.4%	97	10	10.3%	3	0	0.0%	8	0	0.0%
Luanshya	Mpatamatu	123	4	3.3%	67	10	14.9%	2	0	0.0%	4	0	0.0%
	Mikomfwa	165	14	8.5%	104	17	16.3%	0	0	0.0%	0	0	0.0%
Solwezi	Luamala	132	1	0.8%	172	3	1.7%	94	0	0.0%	30	0	0.0%
Grand Total		1,425	78	5.5%	1,202	101	8.4%	156	2	1.3%	68	0	0.0%

ANNEX J: Status of Laboratory Equipment (January – March 2011)

Item	Facility	Instrument	Condition	Action	Current Status
CD 4 Analysers	Kasama general Hospital	BD Facscalibur	Nonfunctional the Central processing unit on the Calibur had a major fault	BD vendor collected the Central processing unit for further repair at the workshop.	Nonfunctional specimen referral to location clinic was initiated.
	Kasama general Hospital	FacsCount	Non Functional	DB engineer worked on the machine to fin tune the reading threshold. An onsite retaining was provided by ZPCT II PTO	Nonfunctional. Specimen referral to Location clinic was initiated.
	Lubuto clinic	FacsCount	Nonfunctional for a week in the month of February due to minor fault.	Vendor repaired the fault within a week.	Fully Functional and in use
	Ndola central H	FacsCount	Nonfunctional for a week in the month of February due to mechanical fault	Vendor repaired and resolved mechanical problem within a week.	Fully Functional and in use
	Buchi clinic	FacsCount	Nonfunctional for a week in the month of February due to minor fault	Vendor repaired the fault within a week.	Fully Functional and in use
	Kasanda clinic	FacsCount	New equipment procured by UNICEF and delivered to facility.	Vendor BD, installed and provided onsite training and ZPCT II facilitated the installation process	Fully functional and in use.
	Bwacha RHC	FacsCount	New equipment procured by UNICEF and delivered to facility	Vendor BD, installed and provided onsite training and ZPCT II facilitated the installation process	Fully functional and in use
	Makululu HC	FacsCount	New equipment procured and delivered by UNICEF	Vendor BD, installed and provided onsite training and ZPCT II facilitated the installation process	Fully functional and in use
	Katondo clinic	FacsCount	New equipment procured by UNICEF	Vendor BD, installed and provided onsite training and ZPCT II facilitated the installation process	Fully functional and in use
	Mwachisompola HDZ	FacsCount	Nonfunctional due to blocked probe for two weeks in the month of February	ZPCT II lab officer provided onsite trouble shouting and vendor had to replace prob.	Fully functional and in use
	Zambezi DH	FacsCount	Nonfunctional with repeated control failure equipment procured by ZPCT II and delivered to facility	Vendor BD was informed and has made plans to attend to the fault. installed and provided onsite training	Nonfunctional and sample referral to Chitokoloki Mission hospital has been initiated.
Chemistry Analyzer	Kawama clinic	Humalzyer 2000	Nonfunctional due to technical fault	Vendor Biogroup was informed	Non functional
	Mkushi DH	Humalzyer 2000	Non functional	Vendor Biogroup was informed	Non functional
	Mufumbwe DH	Humalzyer 2000	Nonfunctional with test memory lost	Vendor Biogroup was informed	Non functional

Item	Facility	Instrument	Condition	Action	Current Status
	Kabwe GH	Cobas Integra	Nonfunctional (reported January 2011)	The vendor Biogroup repaired the equipment.	Functional and in use.
	Kawama	Humalyzer 2000	Nonfunctional	Vendor informed of the problem	Nonfunctional pending repairs
	Buchi clinic	Humalyzer 2000	Nonfunctional	Vendor informed of the problem	Nonfunctional pending repairs
	St Paul's Mission Hospital	Cobas Integra	Cuvette transfer unit was damaged and needs to be replaced.	Vendor is yet to provide feedback on replacement cost	Nonfunctional
	Solwezi G Hospital	Cobas Integra	The equipment was reported as nonfunctional with mechanical fault	Vendor Biogroup was informed	Nonfunctional and samples for chemistry are being referred to Nchanga North in Chingola.
Haematology Analyzer	Kabwe General hospital	ABX Micros 60	Equipment is old and has frequent break down. Facility has written to ZPCT II for consideration of replacement machine. ZPCT II relocated the unused new ABX micros 60 from Lukupa HC to Kabwe GH.	Vendor informed and installation pending.	The Sysmex Pochii 100 is still being used as back up.
	Liteta DH	ABX Micros 60	Equipment is old and has frequent break down.	Vendor serviced the machine and recommended the equipment to be replaced due to old age.	Functional and in use.
	Ronald Rose H	ABX Micros 60	Nonfunctional need spare part replacement	Vendor Scientific group replaced the part.	Fully functional and in use.
	Ndola central H	ABX Pentra 60		Vendor was informed and has repaired the equipment	Fully functional and in use.
	Kabushi HC	ABX Micros 60	Pending installation	Vendor installed and provided onsite training	Functional and in use.
	Twapia Clinic	ABX Micros 60	Pending installation	Vendor installed and provided onsite training	Functional and in use.
	Mwense HC	ABX Micros 60	Non functional	Vendor repaired the equipment	fully functional and in use
	Chilubula Health Center	ABX Micros 60	Nonfunctional the equipment developed an internal part problem.	The scientific Group vendor was informed however technician came with the wrong replacement part and could not rectify problem.	Nonfunctional. The facility continued using a Sysmex Pochii as back up for hematology.
	Kasanda HC	Sysmex Poch 100	Nonfunctional with blank error message on the hemoglobin	Vendor informed	Nonfunctional.
	Chimwemwe clinic	Sysmex Poch 100	Nonfunctional due to start up failure	Vendor informed	Nonfunctional pending repairs
	Mpika DH	ABX Micros 60	Nonfunctional out of range readings on white cell count	SG vendor assessed the equipment. The reagent blocked had a crack and needs replacement SG has ordered and received ready for installation.	Nonfunctional pending reagent blocks replacement.

ANNEX K: Activities Planned for the Next Quarter (January – March, 2011)

Objectives	Planned Activities	2011		
		Apr	May	Jun
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train 398 remaining HCWs and 388 community volunteers in CT courses	x	x	x
	Implement provider initiated Opt-out testing with same - day results in new facilities and strengthen in old facilities	x	x	x
	Provide improved follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen CT services in both old and new sites	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Revise and print CT job aids national guidelines to new health facilities		x	x
	Strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes, (i.e. continuing the pilot for diabetes screening in ten facilities (five in central province and the other five from Copperbelt Province). Its evaluation will be done by the first quarter of 2011	x	x	x
	Community condom education and distribution, behavior change communication strategies	x	x	x
	Implement and strengthen couple-oriented CT in all the supported provinces.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Integration of CT into MC services by referring uncircumcised CT clients for MC and offering CT to all MC clients	x	x	x
	Conduct mobile CT for hard to reach areas	x	x	x
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	x
	Plan for MC counseling trainings for ZPCT II PMTCT/CT officers and health providers in conjunction with MoH and other partners	x	x	x
	Revise counseling training packages for service providers at the community and facility levels in order to make them youth friendly and include gender based topics such as prevention of gender based violence (GBV). Youths will be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Screening for gender based violence (GBV) within CT setting	x	x	x
1.2: Expand prevention of mother-to-	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Training 749 HCWs and 225community volunteers in PMTCT to support initiation or strengthening of PMTCT services	x	x	x
	Mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support and mother-baby pair follow up in the community	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester		x	x
	Conduct a study on HIV retesting among HIV negative pregnant women in 10 sites across the five supported provinces	x	x	x

Objectives	Planned Activities	2011		
		Apr	May	Jun
child transmission (PMTCT) services	Support implementation of the new 2010 PMTCT guidelines			
	Procure point of service haemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for PMTCT	x	x	x
	Conduct supportive supervisory visits with national level PMTCT program staff to selected ZPCT II supported sites	x	x	x
	Monitor the implementation of the PMTCT mother-baby pack (MBP) in Chibombo, Kabwe, Luanshya and Kawambwa districts (i.e. districts selected for the initial phase of MBP implementation)	x	x	x
	Strengthen implementation of PwP within PMTCT services for those who test positive through training using the PwP module in the PMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Revise existing service provider training packages where necessary for facility and community based providers to include gender based protocol, 2010 PMTCT protocol guidelines and norms for service delivery within PMTCT setting	x	x	x
	Support gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/PMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis and DBS sample collection at six weeks for HIV exposed babies	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement in PMTCT service	x	x	x
	Continue to strengthen DBS sample collection	x	x	x
	Continue to strengthen implementation of new elements	x	x	x
	Plan for exchange visits for learning purposes in selected model sites for PMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	x
	Strengthen PMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services	x	x	x
	Conduct an in-depth evaluation study of HIV retesting among HIV negative pregnant women in selected supported health facilities.	x	x	x
1.3: Expand treatment services and	Scale-up ART to new health facilities and districts	x	x	x
	Orient HCWs in new revised 2010 ART guidelines as well print and disseminate the same	x	x	x
	Support ART/CC and MC services in existing PPP sites; and select	x	x	x

Objectives	Planned Activities	2011		
		Apr	May	Jun
basic health care and support	new year three PPP sites			
	Conduct scheduled trainings in ART/OI, Adherence for HCWs, and Adherence for ASWs.	x	x	x
	Strengthen implementation of new technical activities including Prevention With Positives ,	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Print and distribute job aids; distribute ART and OI reference manuals	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support enhancement of TB/HIV collaboration activities including Intensified TB case findings	x	x	x
	Strengthen roll out and implementation new Post Exposure Prophylaxis (PEP) Register	x	x	x
	Roll out revised Pharmaco-vigilance registers to all ART sites	x	x	x
	Continue working with facility and DHO/PMO staff to prepare ART sites for Accreditation	x	x	x
	Initiate implementation of activities in Private Sector and finalize plans for model sites	x	x	x
	Participation at provincial level in the mentorship of HIV Nurse practitioners.	x	x	x
	Support holding of clinical meetings with HCWs	x	x	x
	Continue working with MoH and other partners in the planning and implementation of national level activities in ART, CC and MC	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients		x	
	Support implementation of model sites through mentors training in Lusaka followed by initiation of mentorship activities in the respective facilities.	x	x	x
	Support training of HCWs in ART/OI for adults and pediatrics			
	Support and strengthen formation of adolescent HIV clinics in high volume sites	x	x	x
	TB Intensified Case Finding; actively look for TB patients in the ART clinic through various ways including screening using the Chronic HIV Care (CHC) checklist and provision of x-ray viewing boxes and IEC materials	x	x	x
1.4: Scale up male circumcision (MC) services	Technical support visits in male circumcision in relation to implementation of service delivery activities	x	x	x
	Strengthen MC services in existing sites and expand to new sites	x	x	x
	Initiate and scale up standardized, quality adult and neo-natal MC services at new ZPCT II - supported MoH sites	x	x	x
	MoH and ZPCT II technical officers responsible for MC to conduct field technical supportive supervision to newly trained HCWs	x	x	x
	Support the procedural requirements of certification of HCWs trained in MC	x	x	x
	Support community mobilization activities for MC in collaboration with CARE	x	x	x
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and	Handover final draft of the ART pharmacy SOPs to MoH	x		
	Present draft SOPs at proposed Pharmcay TWG	x		
	Provide support for the printing and dissemination of the reviewed ART pharmacy SOPs		x	x
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	x

Objectives	Planned Activities	2011		
		Apr	May	Jun
networks	Support MBP roll-out and implementation in the four selected ZPCT II supported districts	x	x	x
	Orientation and monitoring of facility staff in use of Nevirapine in line with extended use for infants	x	x	x
	Review and update ART Commodity management training package	x	x	x
	Participate in annual national quantification for ARV drugs for ART and PMTCT programs	x	x	x
	Support the implementation of the Model Sites mentorship program	x	x	x
	Strengthen pharmaceutical services at PPP sites	x	x	x
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x		
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	x
	Promote usage of tenofovir based regimens and newly introduced FDCs and monitor use of Abacavir based regimen as alternate 1 st line	x	x	x
	Orientation in use of newly introduced FDCs for paediatric clients in ZPCT II supported ART facilities	x	x	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies		x	
	Administer QA/QI tools as part of technical support to improve quality of services		x	x
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	
	Participation in the SLMTA site assessments to monitor progress of IPs in facilities earmarked for accreditation			x
	Support the Rational Use of Laboratory Tests Finalization workshop as requested by the MOH	x		
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x	x	x
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	x
	Support and participate in the Zambia National CD4 EQA program training	x	x	
	Support the collection of results from the second round of the HIV Testing DTS EQA program in collaboration with the MoH and other partners at ZPCT II supported facilities		x	
2.2: Develop the capacity of facility and community-based health workers	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x	x
	Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance program.	x	x	
	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
	Training for management personnel at PMO, DMO and facility level in Annual performance appraisal system (APAS) and Financial Management Systems (FMS)	x		
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and	x	x	

Objectives	Planned Activities	2011		
		Apr	May	Jun
	determine capacity building interventions			
	Develop training modules		x	x
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Continue provision of technical support to the 12 private sector facilities for year one		x	x
	Conduct assessments for six private sector facilities during this quarter		x	
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Compile semi-annual data audit report	x		
	Hire consultant to update ART QI/QI CSPro software application package	x	x	
	Finalize the roll out use of updated QA/QI Tools in all provinces		x	
	Compile and submit the PEPFAR semi-annual data report	x		
	Provide on-site QA/QI technical support in two provinces	x	x	x
	Review and update ZPCT II client exit interview questionnaires	x	x	x
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites and support in implementation of new Gender indicators at facility level		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	Provide Technical assistance to the MOH/NAC Epidemiology for Data Users (EDU) Training			x
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	sign of contracts for new renovations for year three and ensure completion of year two renovations		x	x
	Launch the ZPCT II Gender strategy		x	
	Share implementation plan for the gender strategy, with technical unit heads and provincial offices	x		
	Monitor refurbishment at the CHAZ mission health facilities, including; Lubwe, St. Kalembe, Mambwe, Chilubula, Lubushi,		x	x
	Delivery of equipment and furniture for the new CHAZ health facilities		x	
	Finalisation of ASW manual and conduct gender sensitization workshops in Luapula and Northern province, for staff and PMO and DMO staff			x
	Launch of ZPCT II gender strategy with MoH and initiate dialogue on integrating gender in MoH training manuals, HMIS, and wider discussion on gender in relation to HIV as proposed in (2) The National Plan of Action on GBV and (2) THE National Plan of action Reducing HIV infection among women and girls			x
	ZPCT II to hire training consultants to develop and implement management training packages for capacity building of PMOs and DMOs	x	x	x
	Conduct two financial management training for PMO and DMO staff in two provinces			
	Share capacity building assessment findings with MoH	x	x	
	Training of ASWs, conduct community mobile CT and community-facility referrals for CT, PMTCT, and MC	x	x	x
	Facilitate district referral network meetings	x	x	x
	Provide subgrants		x	x
Finance	FHI finance team will conduct financial reviews of FHI field offices		x	x
	FHI finance team will conduct financial reviews of KARA and CHAZ			x
HR				
	Implement training for respective departmental staff in areas of	x	x	x

Objectives	Planned Activities	2011		
		Apr	May	Jun
	research methods, report writing, presentation skills, and finance for non-finance staff,			
	Facilitate leadership training for all staff in supervisory positions	x	x	x
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			x
	Recruitment of staff to fill vacant positions	x	x	x
IT	Roll out the computerized asset management software to ZPCT II provincial offices	x	x	x
	Continue to monitor web2sms and update computer equipment in the facilities	x	x	x
	Install updated call accounting software in all the ZPCT II offices to ensure allocation of call costs to staff and FCO numbers	x	x	x
	Implement recommendations from electrical power reviews by contractor.		x	x
	Replacement of old equipment in ZPCT II facilities	x	x	x